Institutional field-level change in Global Health: logic evolution in health initiatives.

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Abstract:

Among the most significant changes in the global health system in the last three decades is the emergence of global health initiatives (GHIs). Thus, the field of international health looks substantially different now as opposed to thirty years ago.

This thesis investigates the emergence of global health initiatives from the viewpoint of institutional theory. Using the lens of institutional logics, this research demonstrates that the institutional change occurs through a process of logic evolution. This thesis finds
that institutional change does not necessarily manifest only by shifts in prevailing logic as the current literature indicates, but also by the evolution of existing logics. The process of logic evolution can be conceptualised as the reconstitution of sources of legitimacy and identity, relational networks, control mechanisms and practices. These reconstituted logic characteristics are then blended into the old overarching logic. The blending process is dependent on macro and meso level factors.

The ability to crystallise change and the degree of trust in accepting alternate approaches belong to the macro level factors. Meso level factors relate to the legitimacy, and status of proliferation agents, the feasibility to create a strategic field nexus, and their ability to create a participatory hub. The participatory hub is a key factor as it enables the process of distilling and legitimising the identity of the professionals in the field.

A qualitative case study design was chosen as it allows an in-depth review and explanation of the emergence of GHI networks. A qualitative approach is more likely to address questions about the emergence of the global health initiative network. This, in essence, promotes a better comprehension of the underlying dynamics and allows a contextualised and specific clarification of the consequences for the emergence of GHIs in the global health system. In-depth interviews were conducted with a purposeful selection of highly networked informants in the field.

This study offers a series of contributions to institutional theory. Initially, the principle of logic evolution is presented and conceptualised. Furthermore, it demonstrates how the characteristics of an institutional logic can be reconstituted. Finally, it establishes the key macro and meso factors that permit the logic evolution process to take place.

Key words: logic evolution, institutional logic, professional logic, characteristics of logic, institutional theory, institutional change, institutional field, global health system, global health initiatives, public private partnerships, proliferation agents, vertical approaches.

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CHAPTER 1. Introduction

1.1 Motivation for the research

Global Health Initiatives (GHIs) are important institutions in the global health system. The changes in GHI networks have been of particular concern and interest to researchers as well as professionals around the world. This thesis is inspired by the important recent changes in various social contexts pertaining to the global health system (please see Figure 1 on p.15). Inspired by the fundamental changes that occurred in the global health system, I started researching the emergence of GHI networks. To gain a better understanding of the changes in this particular context, I concentrated on exploring the wider socio-cultural background that gave rise to complex structures of health. This framework seemed quite pertinent for research on GHIs, and particularly informative in explaining the main drivers that underscore the evolutionary paths in the global health field (please see Chapter 2).

A close examination of organisational theory highlighted in the early phase of the PhD; a source of literature known as neo-institutional theory. This literature offered insights into the environmental factors impacting the organisation of a society. The concept of institutions, the accepted interpretation of emerging theories, and how they are maintained within a specific context, around which human activity is arranged, is essential to this body of research (Meyer and Rowan, 1977; Andersson and Gadolin, 2020). By revealing the institutions occurring in a particular context, it is possible to explain why social activity is set up in a certain manner in a specific scenario.

This thesis explores the evolution of the global health system using the framework of institutional theory, with the emphasis on institutional logics. This research notes that institutional change does not only occur via a shift in overarching logics as indicated by the current literature but may also arise through the evolution of overarching logics present in a field. This present study finds that logic evolution is a process of restructuring identities; transmitting legitimacy to those restructured identities; developing new relational networks; modifying control mechanisms and inculcating new practices by incrementally integrating them into the overarching field logic. This research shows that the evolution of an institutional logic depends on specific factors at the macro and meso level (please see

Chapter 7). The thesis also finds that the process of logic evolution also depends on the blending process by which new elements are added.

In addition, the study reveals that the determinants at the macro level relate to the degree of trust in accepting different approaches and the ability to crystallise change in a specific context within society. Meso level influences are linked to; the legitimacy of proliferation agents within a given field; the presence of a strategic field nexus where these agents can mobilise resources and sustain high engagement. Furthermore, the social interaction factor is crucial. This social interaction factor legitimises the identity of the professionals that operate in the field.

This research also contributes to institutional theory in several ways. In the first place, the principle of logic evolution is introduced and developed. Secondly, it extends our understanding of logic as a set of characteristics or features. These characteristics (please see Figure 6 on p.42) can be reconstituted and combined in a specific field. Furthermore, it recognises the macro and meso factors that influence this change towards the evolution of an institutional logic (please see Chapter 7).

Many theoretical uncertainties remain unexplored in this body of literature. Specifically, scholars from around the world are still investigating the process by which institutions change. Emergence of GHI networks provided particularly fertile grounds for exploring issues related to institutional change and could help us to further develop our understanding of the institutional process. The thesis therefore includes an institutional theory perspective for analysing the development of health initiatives, through the evolution of one institutional logic namely the professional logic.

1.2 The context of the research

1.2.1 Key terminologies and their importance

The emphasis in this thesis is on *logic characteristics*. Logic characteristics are mostly used to refer to the working processes of logic and assigning the social implications of these logics to a social context.

We have inadequate insight into how logics are built, how they develop and how they are challenged and ultimately de-institutionalised in the global health system. In focusing on how logic shifts, it is equally important not to ignore the essence of logic as paradigms that ensure consistency of understanding and practice. This draws attention, however, to the processes of social construction that build and incorporate new concepts into logic by the reconstitution of the characteristics of institutional logic.

Institutional researchers have found that organisations vary and evolve over time, while retaining certain homogeneous traits. The study of organisations from the lens of institutional theory has therefore shifted away from its historical emphasis on understanding alignment and uniformity between organisations, and has more recently switched to the analysis of change (Dacin, Goodstein and Scott, 2002; Greenwood, Suddaby, and Hinings, 2002; Seo and Creed, 2002; Lenz and Viola, 2017).

Institutional change is studied as a trend occurring at field level (DiMaggio, 1983; Greenwood and Suddaby, 2006;Micelotta,Lounsbury and Greenwood ,2017), and as such, it investigates communities of individuals and organisations who share similar structures of meaning and sometimes communication (Scott, Scott and Meyer, 1994).

Changes in field level arise not only through adjustments to current relational networks and positions of participants, but also through shifts in the overarching logic (Scott, Ruef, Mendal, and Caronna, 2000; Reay and Hinings, 2005; Song, 2017). Logics are defined as the historically created patterns of behaviours, attitudes, principles, values, and guidelines by which people and organisations create and reproduce their material existence, organise time and space, and make social reality meaningful (Friedland and Alford, 1991; Thornton and Ocasio,2008; Shekhar, Manoharan and Rakshit, 2020). There is, however, no absolute clarification about the meaning for institutional logic. The definition of logic is related to that of the organisational field (Thornton, Ocasio and Lounsbury, 2015, 2017) and institutional

change at the field level, in so far as logics are concerned, is regarded as collections of cultural values and guidelines that organise thinking, direct decision-making and form the interactions between participants and activities within a given institutional area (Thornton, 2002; Lounsbury, 2002, 2007). Based on this concept and on the updating of certain characteristics/features (please see Figure 6 on p.42) of an institutional logic, section 3.4 explains the rationale behind what logics are in this research context. This may give greater clarity to the idea of logic in the ongoing debate on institutional theory.

Neo-institutional theory literature conventionally describes change as a shift in the prevailing logic in a given field (Rao et al., 2003; Thornton and Ocasio, 2008; Lounsbury, 2002, 2007; Skålén and Edvardsson, 2016),thus largely overlooking the nature and multitude of institutions affecting that field, as well as the wider society (Kraatz and Block, 2008; Dunn and Jones, 2010;Greenwood et al., 2010,2011; Grinevich et al., 2019). However, change is not automatically synonymous with logic shift. Institutional change has also recently been described by institutional academics as a shift in the balance between competing logics in a field (Marquis and Lounsbury, 2007; Purdy and Gray, 2009; Pache and Santos, 2013; Greenwood et al., 2011; Aalto and Kallio, 2019).

In a field, nevertheless, logics can also coexist without inherently conflicting with one another (Dunn and Jones, 2010; Goodrick and Reay, 2011; Sirris, 2019). Given this perspective, this thesis argues that institutional change can occur when distinct logic characteristics are reconstituted and incorporated into an established framework, through a process labeled as logic evolution (please see Figure 10 on p.82).

The use of specific logics provides researchers an opportunity to understand the mechanisms by which participants evolve a social context. Hence, a more complex and evolutionary conceptualisation of logic will make it easier to better explain the mechanisms of social creation, such as logic evolution.

The current study draws on existing institutional change concepts and discusses how developments in fields occur in various ways. It challenges the predominant approach to institutional theory which is focused on explanations of change about shifts from one

dominant logic to another, or due to contradictions between logics. This demonstrates that field transformation can occur by an evolution of the prevailing logic in a field. Logic evolution is conceptualised as a process of legitimising and socialising identities of professionals in the field. It is also concerned with creating new control mechanisms and relational networks that will be enacted by professionals via the infiltration of new practices. This will lead to the evolution of an overarching institutional logic in a field.

In summary, the research explores how changes in institutional field level arise from changes in one of the field's institutional logics. Drawing on the conceptualisation of an institutional order, the study explains the idea of logic evolution as a mechanism by which new concepts are introduced and incorporated into an overarching logic.

1.2.2 Research background

The criterion for selecting cases is to maximise the chance to investigate the restructuring of a field. The field of global health initiatives (GHIs) is selected in this instance**.** Macro and meso factors that influence the logic evolution process will be explored.

The restructuring of the field will be studied via the lens of the overarching professional logic by looking at the reforms in this field.

The emerging pandemic of the New Coronavirus is an example of the effects that the absence of effective drugs can have, resulting in devastating consequences. The World Health Organization (WHO) describes antimicrobial resistance as one of the biggest risks to global health which if not effectively managed, might escalate leading to a humanitarian disaster. Resistance to current groups of antibiotics and increased occurrence of emerging infectious diseases entails faster production of new and successful drugs (World Health Organization, 2018; Pereira et al., 2020)

The field of the global health system has been overcrowded (please see 2.1.4) in recent years with international organisations; the WHO is no longer alone or even at the heart of global health governance. More funding was applied to the global health sector from particular concerns — such as HIV/AIDS and infant mortality. But these supplementary funds are also channelled into new organisations expressly established to fulfil certain needs (both to

resolve such health issues and to administer funds in certain different fields). New attempts are being made, some outside the World Health Organization. Unlike the *broad centralised* mandate of the WHO, most of the new organisations concentrate *vertically* by targeting specific diseases (such as HIV/AIDS) (please see 5.1- 5.3 for more details on vertical and horizontal approaches in global health).

Within that perspective, GHI networks are deemed important in meeting the problems for developing new medical products, especially for neglected diseases (please see 3.7.1.4) and emerging infectious diseases (Varda, Shoup and Miller, 2012; Vecchi and Hellowell, 2018; Vecchi et al., 2020). While GHIs are not a new concept (see Watts, 2016), these arrangements gained traction in the area of the Global Health System in 1993 (please see Figure 2 on p.17). This was made possible following a request from the World Health Assembly to the WHO to mobilise and promote support in the Global Health System from multiple stakeholders. As a result, the term 'partnership' has been included by the WHO as a key feature to deal with Global Health problems (Widdus, 2001; Buse and Waxman, 2001)

1.2.3 Research focus

Against this backdrop, this thesis aims at explaining the factors behind this evolution and in more general terms, to shed light on institutional change mechanisms in this particular context. To do so, the research centred on one of the logics, namely professional logic (please see 3.7), and studied the actions of key actors during the proliferation period (please see 2.1.5 and 2.1.6). These actors are termed in this thesis as “proliferation agents” (please see 2.1.6). The decision to rely on this institutional logic was based on the fact that the professional logic was in effect at the start of the proliferation, and still plays a fundamental role in the field. The decision to focus on the professional logic also stems from the significance that informants and secondary data attach to the global health professional’s way of thinking and behaving in their roles.

This thesis aims at illustrating this transition at the field level by examining modifications in the *internal characteristics* (please see Figure 5 on p.34) of the professional logic.

Specifically, it seeks to explain how during the proliferation period new ideas and concepts were added and applied to the field, and how they were mixed with those already present.

The emphasis here is on building new elements which are linked to a more comprehensive view of GHIs and their integration into the existing professional collaboration framework. The research examines how the identity of global health professionals is legitimised, and their translation into tangible changes through relational networks, control mechanisms and practices (please see Chapter 6). It stresses the role played by proliferation agents and the effect of macro and meso factors (please see Chapter 7) on the change process.

Current research on institutional theory has discussed changes which occur from one dominant logic to another (Thornton and Ocasio, 2008; Shekhar, Manoharan and Rakshit, 2020), or how differences between competing logics lead to institutional change (Purdy and Gray, 2009; Pache and Santos, 2013; Golyagina, 2020). Previous research has, nonetheless, typically concentrated on changes between logics derived from different institutional orders. For example, Scott and his colleagues (2000) describe the transformation of the field of healthcare as a change from professional logic to state logic, and finally, to market logic.

The uniqueness of this work on the other hand, is its emphasis on logics originating within the same institutional order (field of GHI networks) to explore how the evolution of a professional logic can also contribute to institutional change processes. In addition, the analysis examines key social (macro) and field-level (meso) factors affecting this process in this context. This will reveal how the institutional climate affects logic evolution, thus illustrating the change.

This dissertation follows an inductive approach (Lincoln, 2007; Denzin and Lincoln, 2000,2011; Yin, 2017) to produce a theoretical account of field-level change mechanisms and employs abduction theory techniques for data collection, coding, and interpretation (Charmaz, 2006; Glaser and Strauss, 2017). The aim is to discover unexplored social structures within a particular stream of study, in this case institutional theory, and not to

produce a stand-alone theory that is entirely disconnected from previous research (Lawrence and Suddaby, 2006).

1.3 Contributions of the study

To build on existing research on field-level change in institutional theory, this study aims to investigate how processes of institutional change occur in a specific context. It studies the evolution of GHI networks (please see Chapter 2) and focuses on the creation of a field-based central logic to illustrate how macro and meso factors affect the process of logic evolution and change at field level. Logic evolution is a process of assigning new identities and conferring legitimacy to those identities. It is also concerned with developing new relational networks, which are regulated by control mechanisms (formal and informal) that will permit the incremental integration of practices into the overarching logic (in this case the professional logic). Based on factors at the social and field level, logic evolution occurs as a blending process.

Macro factors include: 1) the degree of trust in embracing alternate approaches; 2) the ability to crystallise change. Meso factors include: 1) the legitimacy of proliferating agents in the field and community;2) the feasibility of identifying a strategic field nexus, where the agents of proliferation can manage resources, and sustain a high degree of engagement; and 3) the creation of a participatory hub for professionals, to socialise and interact (please see Figure 10 on p.82). This dissertation offers several insights to the literature of institutional theory. It improves our current understanding of processes of institutional change. This is through researching logics that come from the same institutional order; the professional logic in GHI networks.

Previous research has concentrated on understanding how logics from various institutional orders alter or become incorporated into a field (Lounsbury, 2007; Ashraf, Ahmadsimab and Pinkse, 2017). The findings of this study suggest that logic evolution can also lead to changes at field level. It extends previous work while indicating that GHIs can be viewed in various ways, such as logics originating from the same order (Reay and Hinings, 2009; Andersson and Liff, 2018). This thesis demonstrates that logics can coexist in the same field and describes the process (please see Figure 10 on p.82) by which they evolve.

Even though a field is perceived to be stable, field-level logics can change over time. To date, however, logic has been seen as somewhat monolithic and static (Thornton, 2002; Townley, 2002; Yoshikawa, Witt and Yamada, 2020). This work supports the need to adopt a more dynamic and evolutionary logic conceptualisation to consider how field-level logics evolve in a specific context. Logics tend to be tool sets comprising features/characteristics (Swidler, 1986; Richey and Ravishankar, 2019) which when analysed empirically, the characteristics (please see Figures 5 and 6) of which can be reconstituted and combined in a field. This conceptualisation of logics helps to expose the mechanism by which logics change internally (i.e., are evolved) and adds a versatility dimension and possible complementarity.

This thesis shows that the evolution of logic is a process of change which is unique to the setting. Both societal and field-level variables lead to the unfolding of this process. The degree of trust in accepting alternative approaches differs across settings. The legitimation and proliferation of non-state actors in a field, as well as professionals' cognitive development of new concepts differ across fields. These variables affect how various concepts are integrated, thereby transforming the field structure.

As a result of the explanation of logic, fields and the collective social groups within them pose different levels of internal diversity. Subfields tend to be embedded in fields where actors have unique traits that can fluctuate from one prevailing field-level logic to another. The logic evolution process generates concepts and behaviours that are adopted by different groups of people, who use them to transform a particular field or sections of it that arise due to the "normative fragmentation of professional logic" (Goodrick and Reay, 2011). This explanation goes some way to explaining how players in the field perceived their identities and created relationships (Hoffman, 2016; Greenwood et al., 2017).

Study shows that socialisation processes, in line with observations from old-institutionalism, are central in evidencing field-level shifts in professional fields. Authors have claimed its importance in framing, explaining, validating and dispersing novel structures, as opposed to relying solely on interpersonal networks (Maguire, Hardy and Lawrence, 2004; Greenwood, et al., 2017).

1.4 Thesis structure

The analysis is set out as follows. Chapter 2 describes the evolution of the global health system and Chapter 3 presents the theoretical structure for this study and discusses prior work on the thesis-relevant institutional theory, focusing on logic. This recognises study areas for the possible expansion of current literature and ends with the introduction of the research problem for this analysis, namely the process of field-level change through changes *within* a logic in a specific context.

Chapter 3 also describes the features of the field of the global health system and development of GHIs before and after the proliferation period and explains the old and the current professional logic. It further explains the evolution of GHI networks and shows the effects of that process on the overarching professional logic

Chapter 4 defines the study's methodological choices and outlines the methodology of analysis. It also explains the study design and methodology and demonstrates the data analysis mechanism leading to the theoretical model (please see Figure 10 on p.82) being developed. Finally, this chapter discusses how some of the concerns and issues resulting from methodological decisions have been solved and how trustworthiness is gained.

Chapters 5,6 and 7 analyse the change as a logic evolution mechanism. Chapter 5 begins with chronological analysis of the key events. Chapter 6 highlights the change triggers that initiate the process of logic evolution. The phases of the logic evolution process are also presented in Chapter 6. Specifically, the progressive changes in the characteristics of the logic, are also analysed. Chapter 7 pertains to the macro/meso factors affecting the process. It outlines the key conceptual principles that emerge from the data and concludes with the conceptual model presentation (Figure 10 on p.82).

Chapter 8 addresses the study's results in relation to the relevant literature on field level change and institutional logics. This also clarifies the thesis theoretical contributions and the ramifications for future study.

Chapter 9 summarises the thesis contributions. It explains some of the study's shortcomings and presents alternate explications of the mechanism being studied. Considering the results of this study, it ends by identifying areas of possible future research.

CHAPTER 2. The Evolution of the Global Health System

2.1.1 Introduction- Emergence and growth of GHI networks

Even if there is a rich history of philanthropy and civil society participation in health (Birn, 2014), the role of non-governmental organisations, including private philanthropy, organisations and civil society actors has escalated and grown since the late 1990s (please see Figure 2 on p.17).

Among the most significant changes in global health system (please see Figure 1 on p.15) in the last three decades, is the emergence of GHIs. The field of international health looked substantially different thirty years ago (Buse and Mays, 2006). Diverse networks of groups and organisations have been developed to treat a variety of conditions such as; malaria, onchocerciasis, dracunculiasis, polio, and many other childhood diseases that can be avoided via the provision of vaccinations. However, in certain cases, if there was any global health initiative, it worked mainly through a transnational body, that of the World Health Organization (WHO), collaborating bilaterally with member states rather than through an international platform.

However, amid their growth, despite a few exceptions (Buse and Tanaka, 2011), health policy scholars have paid scant attention to GHI networks. Consequently, there is limited knowledge pertaining to when and how they have arisen, what their consequences are, and what functions they perform in the sphere of the global health system. Addressing this awareness gap is critical, because the performance of the GHI networks, including those delivered by new initiatives, allows for the solving of urgent health issues (Schiffman, et al., 2016).

Over the last few decades, the global health system has undergone substantial growth, including a steady rise in the number and variety of players within it (Moon, et al., 2010; Williams and Rushton, 2011). There is increasing awareness that greater collaboration of these players is required if a successful response to the most urgent contemporary public health challenges is to be ensured. However, there is no consensus in research literature on the meanings of these key concepts of collaboration and their concrete uses (Bettcher and Lee, 2002). An integral understanding of what the global health system currently entails is needed. This includes its elements and how effectively they function, as well as how well

they do (Hoffman and Cole, 2018). Without this understanding, these collaborations would be inefficient.

In fact, there is insufficient knowledge as to which actors can really be viewed as part of the global health system. The range of players involved is often quoted as "more than 40 bilateral donors, 26 UN agencies, 20 global and regional funds and 90 global health programmes" (Hoffman and Cole, 2018). However, with the continuing growth of the network, this figure for 2007 is out of date, and there is still a lack of detail about how it was extracted and which actors it covers. In order to build an up-to-date account of global health players, Hoffman and Cole, in a 2018 study, found a practical way to map them, recognising not just their presence, but also how they communicate with each other. Using Internet networks – made up of realworld players in the global health system- they addressed two questions. First of all, they asked; what is the 'global health system?' And second; who is populating this system?'

Although several answers are available, the study restricted concepts that can be applied with inclusion/exclusion parameters and mapping approaches that are comprehensive, transparent and replicable. In this way, they generated analysis that could be factually verified, and can be used for possible investigations while accounting for bias.

In addressing these two questions, they provided an organisational description of the global health system that sets specific limits and can actually be extended to maps of global health actors and their relationships. The second is the use of internet networking to create and define a list of 203 global health players; to enhance their knowledge of the global health environment through the internet network of global health players (Hoffman, Cole and Pearcey, 2015).

2.1.2 Definition of global health initiative network

Hoffman and Cole (2018), henceforth suggested the following definition for the global health initiative network:

"The global health initiative network involves transnational entities mainly dedicated to improving the health innovation technologies, and enhances the coordination and collaboration of the multi-stakeholders in terms of control, funding and implementation"

Within that overarching logic, field professionals, internal structures, and external players from other significant global policy areas, influence the relationship among global health actors.

2.1.3 Conceptualisation of the global health professional in this thesis

The term "professional" relates to an individual operating in global health. As per Hoffman and Cole (2018), the term "professional" in this thesis is conceptualised as:

"A global health professional is defined as a transnational person or organisation whose primary objective is to improve health."

Since the creation of these GHIs is more holistic (explanation on this holistic nature is provided in 4.2) in nature, a more integrated and global perspective of the term "professional" is taken. The focus therefore is put on individuals engaging in topics such as the provision of health goods, supporting human rights, reacting to humanitarian crises, and fostering international growth through lobbying and socialisation. The concept of "professionals" in this thesis extends to the multiple professionals in the network. It includes persons and actors who work to improve health and it is not restricted only to those actors who play a strong or significant role in the global health system. The concept also takes into account the interactions of the actors, structures that control the roles of the actors, as well as the relationship of the actors with internal and external influences. This conceptualisation is thus essential and helps us to improve our realistic understanding of the "global health professional".

2.1.4 The plurality of the global health network

Network visualisation of the global health network of development reveals emerging health players in more prominent field roles, and older organisations on the fringe of the network, suggesting that the most powerful actors may not actually be the most traditional ones. Figure 1(see p.15) shows the composition of the current global health system. Table 1 (see p.16) provides a clearer picture of the global health system. An important observation that emanates from Table 1 is the amount of non-state actors present in the system. The term used in this thesis is "proliferation" of non-state actors in the global health system. This proliferation of non-state actors is made even more evident, when viewed through the prism

of Development Assistance for Health (DAH). Appendix B shows how funding from these non-state actors has increased since the 1990s.

Figure 1 The Global Health System (Source: Hoffman and Cole, 2018)

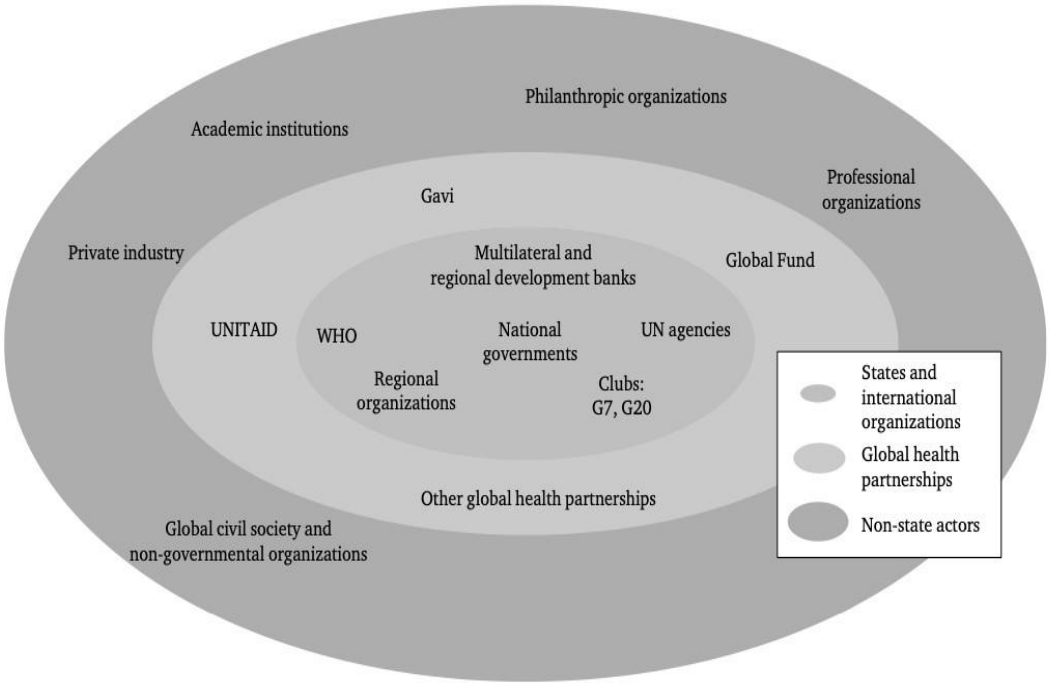


Figure 1 The Global Health System (Source: Hoffman and Cole, 2018)

Table 1 Global Health System Composition (Hoffman and Cole, 2018)

Civil society and non-governmental groups	**138**
Public-private collaborations	18
Technical bodies	16
UN bodies and Intergovernmental organisations	11
National Government	7
Private Sector	6

Table 1 Global Health System Composition (Hoffman and Cole, 2018)

2.1.5 Initial proliferation of global health players

The establishment over time of new global health players reveals three distinct stages of accelerated growth. Until 1945, the rate of proliferation of global health players remained very low. However as of 1945, an era of accelerated growth began and continued until 1952 (please see Figure 2 on p.17). The subsequent rise coincides with the creation of the UN frameworks (Hoffman and Cole, 2018). As part of the evolving UN framework itself and combined with its creation and that of other relevant multilateral organisations, new global health actors started to "proliferate" the network. A second expansion process began in 1970 and continued on through the decade (Hoffman and Cole, 2018; Hoffman, Cole and Pearcey, 2015). This growth could at that time represent a growing interest in socio-economic growth. In 1973, for instance, the World Bank declared its contribution by increasing development financing by 40 per cent over the next five years. Finally, there was a rise in the proliferation of actors from 1986 to 2006, which coincides with a five-fold increase in global health finance (see figure 2) (IHME,2013).

Figure 2 Rate of proliferation of global health players (Source: Hoffman and Cole, 2018)

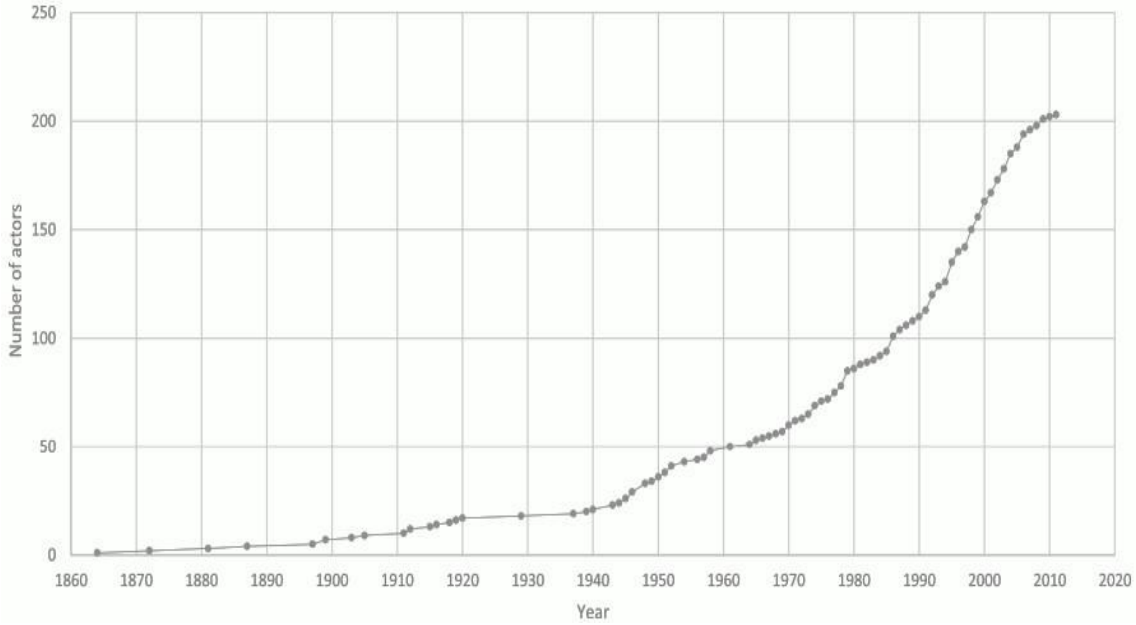


Figure 2 Rate of proliferation of global health players (Source: Hoffman and Cole,2018)

2.1.6 Proliferation of non-state actors

The Millennium Development Goals (MDG) accelerated the proliferation of non-state actors. The global health system has undergone very substantial modifications. While the previous focus was on the WHO, a variety of international organisations, especially UN agencies such as UNICEF and UNFPA, as well as the World Bank and major donors, the global health environment has since grown to include a much more varied group of players (please see Figure 3 on p.18). Since the turn of the millennium, more than 100 GHIs have arisen in the field, with many deliberately established to speed up progress towards the MDGs (Samb et al., 2009). The new global health network is now composed of institutions who focus on funding, assisting and implementing (please see Figure 3 on p.18).

Figure 3 The new global health network (Source Institute for Health Metric and Evaluation, 2020)

Figure 3 The new global health network (Source Institute for Health Metric and Evaluation, 2020)

2.1.7 The Bill and Melinda Gates Foundation as the key proliferation agent

Many of the latest sustainable health programmes have embraced creative integrated frameworks for public-private collaborations that operate for the purpose of improvement of global health. Some even wield important implications for global health, a notable example being the Bill and Melinda Gates Foundation (BMGF). The BMGF has allowed the industry to reinvigorate itself and has generated a significant financial boost as the second largest provider (please see Appendix C) of DAH in 2019 (Dieleman et al., 2014; IHME, 2019). In this thesis, the BMGF are termed as one of the major "proliferation agents" in the GHI network. They have been termed as the key proliferation agent based on the sheer amount of funds (please see Appendix C) to the global health system, and from the data emanating from the interviews. Interviewees have constantly referred to the BMGF as the driving force behind GHIs.

In the post-2000 era, with BMGF acting as a key proliferation agent, rapid increases in global funding for health were observed. Since the turn of the millennium, development assistance to health (DAH) has almost tripled, from $12.4 billion in 2000 to $40.6 billion in 2019 (Schäferhoff et al., 2015; Institute for Health Metric and Evaluation, 2020). Although figures suggest that DAH hit an all-time peak of $31.3 billion in 2013, its growth rate has been declining in recent years. It must also be pointed out that in 2019 alone BMGF contributed $3.9 billion in DAH (please see Appendix C). Crucially it must be highlighted that this 2019 funding in DAH by the BMGF is higher than that of the UK Government (please see Appendix C). This emphasises the key role of the BMGF in the current global health system.

Within this theme of funding in global health, there is the need to highlight the number of critical financial mechanisms (please see Figure 3 on p.18), that have been developed specifically to speed up progress towards achieving health related MDGs (please see 2.1.1). These include those who provide 'Channels of Assistance' (please see Figure 3 on p.18) such as Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR). Other projects, including GAVI, the Vaccine Alliance, were initiated only prior to implementing the MDGs, with which pointed to the MDGs as having an important structure for their missions. United Nations initiatives to organise funding by streamlining financing have been attempted by the Health 4 + Group (including WHO,UNAIDS, UNFPA, UNICEF, UN Women and the World
Bank). These continued to develop significant health resources and creative funding systems, such as the UNITAID Airlines Levy and the IFFIm. A variety of programmes have focused on providing technical assistance (please see Figure 3 on p.18) to nations, including the Roll Back Malaria Partnership (launched in 1998, i.e. before the MDGs were adopted). Established in 1996, UNAIDS (please see Figure 3 on p.18) is a core source of strategic resources, global leadership and management in the fight against HIV/AIDS (Schäferhoff et al., 2015).

2.1.8 Emergence of Public-Private Partnerships (PPPs)

Building on 2.1.7 and keeping in mind Figure 3 (see p.18), it can be ascertained that the creation of strategic partnerships is vital, particularly in the global health domain. These

strategic partnerships are a key part of the modern GHIs. A form of these partnerships is the emerging relationship between the public and private (PPP). These put together public and private researchers and align them with civil society leaders. This allows the optimal combination of complementary expertise and tools geared towards a shared challenge to address global health issues. Public-private partnerships (PPPs) were never properly established in global health until the 1990s (Widdus, 2005). PPPs have since spread (Cohen, 2006), and thus have their purposes and priorities. In order to address issues emerging in disease endemic countries, the vast majority of PPPs rely on product development or similar approaches to facilitate access for diagnostic, preventive or therapeutic solutions (Widdus, 2005).

PPPs collaboration (please see Figure 4 on p.21) between academic researchers and businesses, and public sector researchers have recently been outlined as being of key importance to "encourage academic entrepreneurship and promote the implementation of promising new treatments" (Gehr and Garner 2016).These collaborations are significant, particularly for the perspective of drug discovery, and for recovering any medicinal products that have not been taken to the latter stages of clinical trials. However, they alone are not sufficient to introduce transformational improvements to the global health research agenda in order to prevent, manage and track non-communicable diseases (NCDs) in a significantly sustainable way (Mensah, 2016). Furthermore, it is doubtful that old forms of biomedical *assistance* and collaborations which focused solely on the health sector would perform well (Chilber, 2016). New collaboration structures would be required to bridge the global health system with other sectors (please see Figure 4 on p.21). PPPs ongoing focus is on mobilising local resources and personnel for research and health management (Torchia, Calabrò and Morner, 2015) (please see Figure 4 on p.21).

Figure 4 The PPP environment (Munoz et al., 2015)

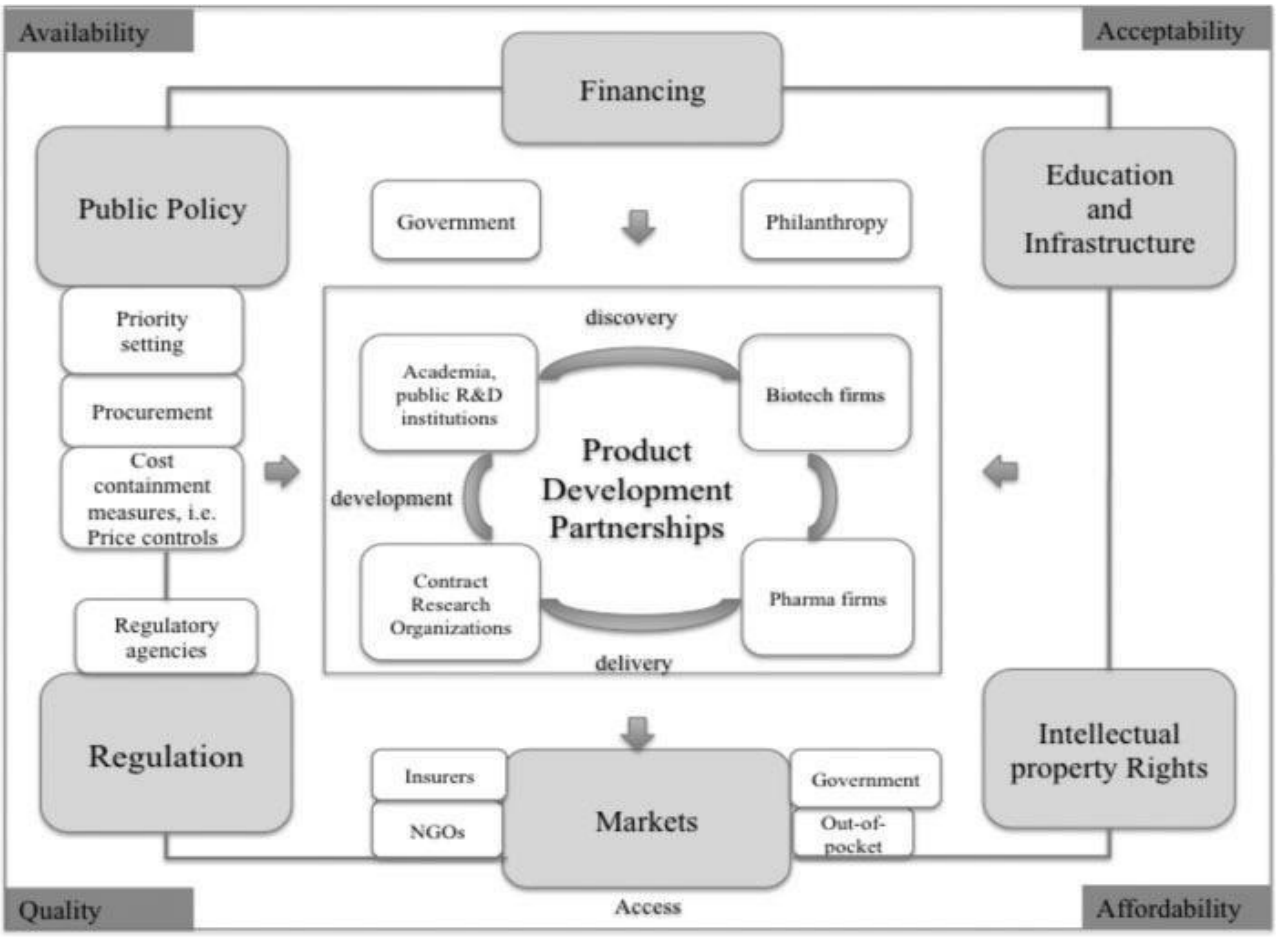


Figure 4 The PPP environment (Munoz et al., 2015)

In typical PPPs, at least two out of three sectors have increasing participation. The three sectors are defined as public, private and civil society. Partners in the public sector include bodies that collectively are part of local, provincial, state, national, regional or international government entities or bodies, that are solely responsible for the procurement of public health goods or services (Torchia, Calabrò and Morner, 2015). The private sector includes distributors of medical products and health innovation technologies, as well as other public health goods (please see Figure 4). These partners comprise both for-profit and non-profit organisations. On the other hand, the stakeholders from the civil society include mainly NGOs and entities that are engaged mostly in advocacy (Munoz et al., 2015).

2.1.9 Key roles of PPPs

Nishtar (2004) has defined six key roles usually performed by these PPPs: product creation, enhancement of access to healthcare, global coordination systems, strengthening of health facilities, public advocacy and education, and quality assurance and regulation. As Nishtar (2004) puts it, the primary reason for the establishment of these collaborations is the "incapacity of the public sector to provide public health goods completely on its own in an efficient, reliable and fair way, due to lack of capital and management problems". However, the productivity and resource benefits leveraged by the public sector, from the non-state donors, must be seen in the light of the critique of the actual or alleged conflicts of interest that these PPPs might face.

2.1.10 Challenges of PPPs

Notwithstanding the part that these partnerships are meant to play, the PPPs continue to face numerous unique challenges, especially in countries and regions with low and medium incomes. Examples of these include different governance systems in subSaharan Africa; misalignment of collaboration goals with strategic goals and objectives of the recipient country; selective, longitudinal, disease-specific attention rather than patient-centred attention; multimorbidity approaches; lack of synchronisation of initiatives across PPPs; inadequate emphasis on local capacity development; and the lack of a skilled workforce, continues to be relevant (Mwisongo and Nabyonga-Orem, 2016). In many of these fields, despite the progress that has been made, much remains to be achieved and there are more problems that compromise the utility and efficacy of these PPPs (Rudan and Sridhar, 2016).

2.1.11 Conclusion-Importance of integrating partnerships in GHIs

In the light of its development, following a decade of funding increases, Rudan and Sridhar (2016), analysed the function of the global health system and recommended a paradigm of five fundamental needs to ensure optimal results. Five specific needs were established including the need to: 1) organise donor funding; 2) prioritisation aspect among multiple research ideas; 3) identify good research; 4) ensure fast and agile availability to research results; and 5) determine returns on research expenditure (Rudan and Sridhar, 2016).

In order to advance global health, PPPs need to go beyond the five fundamental needs of Rudan and Sridhar's (2016) system to cope with the rising challenges. First, these multistakeholder collaborations should integrate "the financial sector, civil society, the research community, academics, philanthropy and private foundations, legislative bodies, relevant authorities, volunteer organisations and other stakeholders," as stated in the global context of the Addis Ababa Action Agenda (Chhibber, 2016). "In other words, a relationship focused entirely on the health sector is not optimal." It is ideal to *integrate* all related government sectors outside health such as finance, trade, education, transport, agriculture, or the legislature (as appropriate) (please see Figure 4). This is particularly pertinent to PPPs who seek to address the complexities of NCD research and medical product supply chains, as well as health systems strengthening in disease endemic countries (National Academies of Sciences, Engineering, and Medicine, 2016).

Secondly, it is important to *integrate* civil society, particularly with patients and their families, patient advocacy organisations and community stakeholders (Thacker et al., 2013). The conventional, single disease-focused and therapeutic approach is deemed to be less efficient than collaborations that put the patient at the forefront of clinical and public health studies. A more horizontal based approach to health systems will entail the discussion of biological and social, environmental, fiscal, and environmental determinants of NCDs. Thirdly, the optimal PPP also tackles the mobilisation of local research capacity as well as research development and job creation in disease endemic countries. This challenge is constantly being faced by more and more PPPs (Mensah, 2016). A more in-depth analysis of the horizontal versus vertical debate is provided in Chapter 5.

For the advancement of global health development and research, strategic alliances such as PPPs remain vital. Regardless of the form of role that these alliances are meant to provide, PPPs have come to face major difficulties, particularly in countries with low and medium incomes (Kostyak et al., 2017). These issues include diverse governance systems, misalignment of objectives, lack of integration of efforts across PPPs, and insufficient attention on local research capability and workforce growth. PPPs thus strive to involve and *integrate* all related government sectors outside the ministries of health and aggressively pursue the involvement of patients, populations and other civil society partners. This allows

them to effectively and sustainably overcome the challenges of research relating to NCDs in order to advance global health (Buse and Tanaka, 2011).

Investing in research capability creation, research preparation and job creation is also crucial for PPPs. In combating neglected diseases such as HIV/AIDS, tuberculosis, malaria and other communicable diseases, more and more PPPs are gradually meeting this challenge. Similarly, the development of global health studies for non-communicable diseases will mean more requirements of new and creative PPPs (Ruckert and Labonté, 2014).

CHAPTER 3: Literature Review

3.1 Introduction

This work is rooted in the literature of neo-institutional theory. In particular, it discusses how field-level change occurs through the process of logic evolution in a specific context.

Institutional theory has shifted away from its conventional emphasis on understanding alignment and diversity within organisations (DiMaggio and Powell, 1983 ;Suchman,1995), and has recently switched to analysis of change (Dacin et al., 2002; Seo and Creed, 2002; Maguire, Hardy and Lawrence, 2004; Furnari, 2016; Greenwood et al., 2017). Change processes are found primarily at field level and include shifts in governance systems, institutional actors and overarching logics (Scott et al., 2000).

Thus, the idea of logic has become important in institutional studies (Friedland and Alford, 1991; Thornton and Ocasio, 1999,2008). Logics allow and restrict awareness and behaviour (DiMaggio, 1997). Those are the concrete and conceptual frameworks from which the collective truth is perceived by groups and individuals.

Studies have concluded that institutional change occurs as predominant logics shift (Thornton and Ocasio, 1999,2008; Kyratsis et al., 2017). More recently, in answer to the complexities of institutional environments (Kraatz and Block, 2008; Seo and Creed, 2002; Greenwood et al., 2010), academics have begun to explore the existence of multiple and contradictory logics in an institutional arena (Reay and Hinings, 2009; Purdy and Gray, 2009; Pache and Santos, 2013; Shields and Watermeyer, 2020). This research argues that equilibrium in the field is achieved by temporary resolution of differences between logics (Purdy and Gray, 2009). Nevertheless, different logics can coexist in the field without actually being in conflict, even for long periods of time (Lounsbury and Boxenbaum, 2013; Aparicio, et al., 2017). In line with that theory, some interesting strands of research have emerged. How does the coexistence of different logics lead to institutional change? Could institutional change be caused by evolution within a logic?

This work investigates how institutional change at the field level occurs through the evolution of an institutional logic in the context of GHIs. This focuses on a fundamental logic in a field namely the professional logic and explores how this logic evolves over time as internal

characteristics are reconstituted and nestled within the field, thus generating a cycle of logic evolution that induces institutional change. Based on primary and secondary data, Figure 7 (on p.50) shows which characteristics of the professional logic have been reconstituted in the field of GHIs. By analysing these processes in the field of GHIs, the analysis also uncovers the macro and meso factors underlying the logic evolution process (please see Chapter 7).

The theoretical structure for research is given in this chapter. It ends with defining the research problem and possible contributing areas.

3.2 Institutional theory: Transitioning from conformity and homogeneity to plurality and change

3.2.1 Neo-institutional theory: conformity and homogeneity

Initial research which adopted neo-institutional theory sought to clarify conformity and homogeneity in organisational processes (Zucker, 1977; Meyer and Rowan, 1977; DiMaggio and Powell, 1983; Scott, 1995). It is believed that organisations are implementing similar characteristics because their context requires them to take on different frameworks. In other words, within the contextualised assumptions of their environment, organisational entities are isomorphic. Since organisations are supposed to act rationally, they do so to suit their institutional background. However, the reasons behind this conformism might vary. Some organisations might do so either with a clear purpose or to simply follow a certain ritual.

This helps them to gain credibility in their audience's eyes (DiMaggio and Powell, 1983; Suchman, 1995), and improve their chances of sustainability. Organisational structures and activities are thus influenced by the perceived values, norms and rules of the society in which they are located, i.e. the institutions.

This method has been critiqued for seeing people and entities as passive beneficiaries of institutions and not taking into account diversity, agency and change (Fligstein, 1997; DiMaggio, 1988). Studies have thus gradually switched to those topics of diversity, agency and change.

New ideas — either arising within a field or being imported from other settings — can question and alter the ways of thinking and acting as well as practices that are taken for granted, thereby triggering institutional change.

3.2.2 Moving towards heterogeneity in the face of institutional pressures

Environmental upheavals (Haveman, Russo and Meyer, 2001; Hiatt, Sine and Tolbert, 2009) can cause operational, political, or societal pressures on existing power structures (please see 5.2 and 5.3). This can induce players to activate joint action to reformulate the existing narratives (Greenwood, Suddaby, and Hinings, 2002; Seo and Creed, 2002; Tumbas, Berente and Brocke, 2018), especially when actors become frustrated with the established order because of a mismatch between their needs and interests, and the existing social structures (Reay and Hinings, 2005; Hardy and Maguire, 2017).

Such players rely on different environments, treaties, traditions and logics to learn, interpret and edit new concepts in order to suit particular contexts (Sevón, 1996; Sahlin and Wedlin, 2008; Zilber, 2008), and to theorise new structures (Greenwood, Suddaby, and Hinings, 2002). Newcomers (Zilber, 2008) or emerging-market agents (Maguire and Hardy,2009), may be (or may become) less entrenched in the system and are more likely to encourage change.

Within the sector, however, change can also be brought on by actors who could either be marginal (Hardy and Maguire,2008,2017) or be central to the field (Battilana, Leca and Boxenbaum, 2009; Bakir and Jarvis, 2017).

Because fields have the engine for transformation inside itself, endogenous processes may also cause this. The theory of institutions as embedded networks (Lok and Willmott, 2019) discusses the question of how organisations can trigger processes to undermine the very institutions that limit their choices and behaviours. Conceptualising institutions as a structure for and as outcomes of practice enactment, grants validity to the assumption that institutions enable social actions to be sustained. Furthermore, it also implies that actors can influence institutions. Agent embeddedness has increasingly been perceived as a framework for intervention and for legitimising a new organization as opposed to restricting social interaction (Burns and Nielsen, 2006; Totin et al., 2018). The theory derives from the belief that the institutional context defines, but never fully decides social behaviour (Seo and Creed, 2002; Tracey, et al., 2017).

Academics have started to understand the heterogeneity of organisational strategic reactions to institutional pressures (Oliver, 1991; Pache and Santos,2013; Dahlmann and Grosvold, 2017). Furthermore, academics have also started to examine social actors' institutional work to establish, sustain and change institutions (Lawrence and Suddaby, 2006; Mena and Suddaby, 2016). It can be suggested that replication and adherence are only a couple of the strategies that should be implemented by organisations. Several potential methods by which organisations can respond to institutional requirements, including agreement, concessions, resistance and exploitation (Pache and Santos, 2010) have been previously described. Because of the pluralistic existence (please see 2.1.4) in the institutional environment, organisations encounter inconsistent institutionalised theories (Meyer and Rowan, 1977; DiMaggio, 1991; Radoynovska, Ocasio and Laasch, 2020), and therefore adhere to one of many institutional paradigms that already exist. In this way, entities are still being isomorphic, albeit with a specific concept, therefore, they become completely valid in the sense in which that concept exists (Cherrier, Goswami and Ray, 2018). This involves moving away from the quest for complete homogeneity when faced with institutional pressures. There is an increasing flow of study towards evaluating organisational responses that allows the acceptance of the presence of numerous and even overlapping pressures within fields.

Thus, the cohabitation of a number of organisational systems is compatible with a dynamic institutional environment (Greenwood et al., 2010; Jancsary, et al., 2017). From this point of view, institutional logics provide a platform to study paradigms that frequently conflict with each other (DiMaggio, 1997; Alveus, 2018) and coexist in the same sense.

3.2.3 Institutional fields as social spaces

The institutional change trend is examined mainly at the field level, which is the favoured level of research in institutional change studies (Leblebici et al., 1991; Greenwood, Suddaby, and Hinings, 2002; Furnari, 2016).

There are various ways to describe institutional fields (Wooten and Hoffman, 2008; Kluttz and Fligstein, 2016). From a very formal viewpoint, categories of people and organisations — such as resource providers and consumers/clients, goods and services, market rivals, regulatory bodies, and public entities — that form an environment of organisational existence are typically considered (DiMaggio and Powell, 1983). Fields are also seen as social spaces, where players share similar concepts of meaning and communicate with each other more

regularly and dramatically than with actors outside the field (Scott, 1994; Kluttz and Fligstein, 2016).

All stakeholders participate in discussions and political disputes over the nature and understanding of the core problem that the field centres around (Hoffman, 1999; Conran and Thelen, 2016). Actors slowly form common knowledge regarding their role in this discussion (Tolbert and Zucker, 2019).

According to this approach, this study considers fields to be defined by features such as unique structure, logic and connections between actors who are aware of these linkages (DiMaggio and Powell, 1983; DiMaggio, 1983). All these features describe field parameters and their underlying principles. Changes at field level thus require changing all of these features together.

Fields are influenced by institutional pluralism (please see 2.1.4), and the nature of the institutional environment (Greenwood et al., 2010; Jancsary, et al., 2017). In a field, numerous syllogisms intermingle and their partnerships (please see Figure 4 on p.21) are continuously rebalanced. Studies have begun to account for these complexities by recognising developments in the field emerging through disagreements between various viewpoints (Reay and Hinings, 2009; Dahlmann and Grosvold, 2017). The institutional framework consists of numerous logics, structures of meaning and activities, which are strongly or loosely connected. The links between them are continuously redefined by social interaction processes (Tracey, et al., 2017) (please see 7.4.2 and 7.6). These social interaction processes modify the field's outer parameters and reform the existing relations inside the field among players (please see Figure 4 on p.21).

3.2.4 Field-level change through the lens of institutional logics

Field-level institutional change comes about by reconstitution of relational network systems, actor's identity and overarching logics (Scott et al., 2000; Townley, 2002; Yoshikawa, Witt and Yamada, 2020). Logics are typically defined as the system of material processes and symbolic constructions which govern collective action (Friedland and Alford, 1991; Greenwood at al., 2010; Thornton and Ocasio, 1999, 2008; Durand and Thornton, 2018).

They define and attribute significance and importance to terms, occurrences, and symbols underlying social relationships and behaviours. Accordingly, they empower and restrict people and organisations (Zilber, 2016) in their thoughts and actions. Logic also impacts the change process and the daily activities in a particular field. When these shared beliefs and norms are challenged or contrasted with new beliefs and values, contradictions among existing and/or nascent logics can arise.

3.3 Emphasis on the characteristics of institutional logics

The emphasis in this thesis is on logic characteristics. Logic characteristics are mostly used to define the working processes of logic, assigning the social implications of these logics to a social context. In the study of logic characteristics, this seems to be a general trend: an elaborate description of the "how" of logics (Johansen and Waldorff, 2017). The results concentrate on how performers identify within specific logics through characteristics that are recognisable. It strengthens the claims as to how and what logics we should observe (Johansen and Waldorff, 2017). The minute discussions on blending and collaboration of logic appear to be considered. Institutional logics are typically utilized as a generalised framework; however, this research uses ideal-type constructs to dissect the internal characteristics of a specific institutional logic, specifically the professional logic.

Some researchers propose constructs that base their ideal-type system on Thornton et al., (2012): a set of sub-characteristics that can be evaluated throughout each logic. "We also detect studies in which the characteristics of specific logics often function as a toolbox in championing the interests and ideologies of actors (McPherson & Sauder, 2013). Many studies concentrates on the formulation and composition of logics in symbolic and material activities and others point to ideal-type structures for exploring particular logic characteristics.

3.3.1 Initial development of institutional logic

Firstly, Friedland and Alford (1991) developed the idea of institutional logic to explain the often-conflicting values and practices of contemporary Western societies. Their central

institutional orders – capitalist economy, bureaucratic state, monarchy, nuclear family, and Christian religion which were later updated to include businesses and occupations (Thornton and Ocasio, 1999; Thornton, Ocasio and Lounsbury, 2015). Henceforth these institutional orders allow the formation of personal and organisational priorities and preferences. Each institutional order is related to particular logics (please see Figure 5 on p.34). Since societies are composed of all orders and their logics, there are possible conflicts that can emerge.

Institutional Logics "steer" and "are steered" by institutional orders. Key scholars of this viewpoint have so far designated these orders as professions, market, state, community, family and religion (please see Figure 5 on p.34). Multiple research concentrate on how logics are formulated and composed through symbolic and material practises and others point to ideal-type constructs for exploring specific logic characteristics.

3.3.2 Unclear definition of institutional logic

Notwithstanding a productive line of study on logics, consensus among academics on the meaning of the term is still not a clear-cut issue.

Logics are the collectively created historical trends of material activities, theories, principles, beliefs, and rules by which individuals and organisations create and replicate their material existence, organise time and space and give meaning to social reality (Friedland and Alford, 1991; Thornton and Ocasio, 1999; Thornton, Ocasio and Lounsbury, 2015). They are "symbolically rooted, organised, politically guarded and technologically and physically bound" (Friedland and Alford, 1991: 248).

Logics can also be defined as the abstract structures by which people and organisations classify, offer significance and interpret action and patterns of behaviour on which actors operate their material life in a specific time and space. They give a collection of assumptions about what constitutes fact and how to perceive it; they derive the explicit and implicit rules and behavioural patterns that characterise behaviours and experiences.

These two conceptualisations show that there is a lack of agreement among scholars on what is the definition of institutional logic. This vagueness is detailed in section 3.4.1 and it is used as a rationale to explain why the researcher has used the characteristics of institutional logic in an attempt to provide a better conceptualisation of logics.

3.3.3 Logics as roots of institutional change

Logics restrict social action and provide means and ends which ensure continuity; however, they also contain roots for intervention and change. The inconsistencies inherent in these sets of belief systems provide cultural tools for actors to transform social, and personal perceptions, and reshape organisations and culture (Friedland and Alford, 1991; DiMaggio, 1997; Jacobs and Hanrahan, 2016). Logics also operate at three separate levels of social activity, such as "competitive and negotiating people, dispute and cooperation organisations, and conflicting and interdependent structures" (Friedland and Alford, 1991: 240).

Logics at the institutional level draw attention to different power sources within organisations and operate across three levels through these layers of research (Thornton, Ocasio and Lounsbury, 2015). Logics are viewed at the macro level as super-symbolic organisational and material patterns of meanings and order. At the level of industry (field), they are embodied in the players identity (Kyratsis, et al., 2017) — while position ties may also be central (Rao et al., 2003; Glynn, 2017). Logics guide decision-making mechanisms at the organisational level and direct individual and collective attention to issues (Thornton, Ocasio and Lounsbury, 2015). Section 3.7 emphasises this idea of collective attention in terms of partnerships in GHIs. Logics mitigate the impact of economic and social factors that influence organisations in their decision-making within institutions. Logics control power as they define the significance and validity of power sources and decide which strategic issues or concerns become relevant in the participants' internal political struggle (Thornton and Ocasio, 1999; Thornton, Ocasio and Lounsbury, 2015).

Finally, they demonstrate the correct and accessible responses and strategies for managing and rewarding organisational political behaviour. Those clustered layers are therefore all important for the theoretical construction of logics. However, this study makes the case that changes in one layer will bring about changes in the other layers to the degree that they are "translated" into those other layers (Holm 1995; Siltaloppi and Wieland, 2018).

This leaves room for partial, temporal or spatial misalignment at these three levels between the institutions and may therefore mean that opposing paradigms can coexist at each level to various degrees. This notion of coexistence is of relevance in this thesis and it is discussed extensively in section 8.3.2.

3.4 Rationale behind the use of logic characteristics

Studies have explained that by interpreting the internal characteristics of logics, a more complete definition of logic can be provided. Such characteristics or features (please see Figure 5 on p.34), include the sources of identity, sources of legitimacy, informal/formal control mechanisms, symbolic analogy, source of authority, attention basis, strategy basis, investment logic and governance structures (Thornton and Ocasio, 1999, 2008; Thornton, Ocasio and Lounsbury, 2015).There is a growing inclination to examine what we would term the internal "vertical relations" of Institutional Logics and their intrinsic features. Research of this kind base itself on the analytical basis of the Weberian "ideal form" method in which chosen characteristics of cultural meanings are classified "in their logically pure components" (Thornton et al., 2012). One such illustration of the internal vertical relationship of logic is the Tracey, Philips & Jarvis (2011) structure of the "bridging job" of institutional entrepreneurs in which activities are situated at various levels, in which the interaction of logic takes place. Popular to these illustrations is the comprehensive insights they offer in what makes logic and how actors navigate logic.

Figure 5 Characteristics (features) of logics ((Source: Thornton, Jones and Kury, 2005)

Feature	Market	Corporations	Professions	State	Families	Religions
Economic system	Investor Capitalism	Managerial capitalism	Personal capitalism	Collective welfare capitalism	Personal capitalism	Western capitalism
Effect of symbolic analogy	Market as transaction	Hierarchy as a corporation	Professions as a relational network	State as a redistribution mechanism	Family as firm	Temple as bank
Sources of identity	Faceless	Bureaucratic roles / quantity production	Personal reputation / quality of innovation	Political ideology of social class	Family reputation / parent-child relationships	Occupational and vocational association with deities
Sources of legitimacy	Share price	Market position of the firm	Specialization staff	Democratic Participation	Uncondition al loyalty	Summoning supernatural
Sources of authority	Shareholder activism	Board of directors / management	Professional associations	Bureaucratic domination / political parties	Patriarchal domination	Personal charisma of the prophet / power and status of the priesthood
Base of strategies: increase of...	Efficiency of transactions	Size and diversification of the firm	Reputation / quality of craft	Collective good	Honor, family solidarity and security	Supernatural symbology of natural events
Informal mechanisms of control	Analysis of the industrial segment	Organizational culture	Professional celebrity	Backstage of politicking	Family policy	Cult
Formal mechanisms of control	Imposition of regulation	Authority of board and management	Internal / external supervision	Enforcement of legislation	Rules of inheritance and succession	Rationalization of usury / taboos standard
Organizational form	*Market*	*M-Form*	Network organization	Legal Bureaucracy	Family Partnership	Religious congregation
Investment logic	Capital committed to capital market	Capital committed to corporation	Capital committed to the bond of relationship	Capital committed to public policy	Capital committed to home	Capital committed to salvation

Figure 5 Characteristics (features) of logics ((Source: Thornton, Jones and Kury, 2005)

3.4.1 Initial rationale for considering logic characteristics

The initial reason is that logic work "is still not reliable with regards to what point logics are institutionalised, or whether they can be considered formal logics at all" (Thornton, Ocasio and Lounsbury, 2015). Moreover, prior work has generally believed a change in practice will show a change in the underlying belief system. However, even if changes in practices are visible, this cannot be construed that the logic behind the practice has also changed; actors may have retained their original identity (Lok, 2010; Glynn, 2017), or may have adopted methods for decoupling (Pache and Santos, 2013; Tashman, Marano and Kostova, 2019). Section 6.6 covers this key topic of changes in practices.

The definition of logic is thus still rather vague given these efforts and as such, the current research perceives logics in various ways. Some researchers look at the underlying logics that are present at the societal level and relate explicitly to particular fields, such as tertiary education publishing (Thornton, 2002, 2004; Thornton, Ocasio and Lounsbury, 2015), health care (Andersson and Liff, 2018), symphony orchestra (Glynn and Lounsbury, 2005), or manufacturing (Greenwood et al., 2010). Others analyse the paradigms that emerge in the relationships between field-based organisations (Haveman and Rao, 1997; Adams, et al., 2016; Haveman, 2016)

Finally, some scholars have also considered organisational microprocesses. They discover how the logics within organisations can be transformed by in person and group repetitive behaviour and practices which will eventually redefine logics at the field level (Smets, Morris and Greenwood, 2002; Gray, Purdy and Ansari, 2015). Generally speaking, the higher the level of analysis, the more rigid the idea of logic becomes. This prevalent static representation of logic has historically been reported to contribute to changes in the field, as induced by shifts between dominant logics (Thornton, Ocasio and Lounsbury, 2015)). The dynamic interaction between different forms of logic, co-existence and co-evolution in the field has only recently been recognised as a driving force for field change (Reay and Hinings, 2009; Dunn and Jones, 2010; Jancsary, et al., 2017).

3.4.2 Second rationale for considering logic characteristics

Several scholars have proposed that institutional change in a specific field results from a transition from one overarching logic to another (Thornton and Ocasio, 1999; Scott et al., 2000; Thornton, Ocasio and Lounsbury, 2015). Findings in the field of health offer an example of these narratives. Analysing the three-dimensional shifts, i.e. logic, participants, and regulatory framework, and basing their empirical work on the healthcare system in the San Francisco Bay Area, Scott and colleagues (2000) identified three periods of fundamental change in the field.

Such periods are called professional domination, federal participation, management regulation and business processes. Consistent with this approach, several studies have

examined organisational responses to shifts in logic as a result of the transition from professional and state logic to more corporate and business logic in healthcare (Ruef and Scott, 1998; Kitchener, 2002; Reay and Hinings, 2005; Shekhar, Manoharan and Rakshit, 2020). This transition has its antecedents in a shift in rhetoric that promotes health as an economic good, rather than a public good, and that facilitates business-like systems and management practices.

This was facilitated by the intervention of influential actors such as the mainstream business press, the boards of directors of healthcare organisations and the management consulting firms (Kitchener, 2002 also see Kitchener and Mertz, 2012) Those who have researched the history of the healthcare sector in Scandinavian countries suggest that a fourth and more recent age should be applied to the three periods listed above (Levay, 2016). It is referred to as the search for accountability. Contemporary society is dominated by an increasing demand for additional and more elaborated accounts of healthcare performance, a growing awareness of patient rights and a rising attention to knowledge transfer, quality and management development among key actors.

In instances of institutional change, the emerging logic slowly discards and replaces the former (Haveman and Rao, 2006), a phenomenon also known as deinstitutionalisation (Rao et al., 2003; Scott, 2001), especially if the former logic had previously been the prevailing one. Nevertheless, old myths never vanish completely; in truth, secondary logics can enact a key role in the field for a significant period of time (Scott et al., 2000; Reay, Goodrick and Hinings, 2016). Greater attention to competing logic may help understand organisational deviations and (non) adoption of different organisational forms and practices (Rao and Hirsch, 2003), and thus provide insight on the mechanism of resistance to change (Marquis and Lounsbury, 2007; Doldor, Sealy and Vinnicombe, 2016).

New logic institutions can be loosely related to long standing structures of the old logic that are still present (Brock, et al.,1999; Kitchener, 2002; Lok, 2010;). Nevertheless, only recently have institutional scholars drawn attention to the dynamics by which dominant and latent

logics connect, endorse, or question one another and to how much they have been embedded in specific organisational models or routines and not the other ones (McDonald et al., 2013)

In general, studies focused more on identifying how change occurs along the defined dimensions (for example, logics, actors and systems of governance) than on understanding the conflicts which occur and the foundations of the change. This body of literature, however, does not research how changes in logic influence the internal structures of organisations, or why organisations comply with or oppose domineering or secondary logics.

Furthermore, players may react to institutional change in a number of ways. Their reactions are based on the control they possess and the degree to which their priorities, meanings and obligations are represented by a particular institutional logic (Reay and Hinings, 2005; Kitchener and Mertz, 2012), their hierarchical positions (Chaffin, et al., 2016), internal power dynamics and unique organisational features (Greenwood, 1997; Rennkamp, 2019). The particularity of the historical background such as the global health system in which the organisations are located is also essential to understanding why some organisations react in a certain manner to particular logics (Bertels and Lawrence, 2016). These points are left available to more evidence based and conceptual study.

3.4.3 Third rationale for considering logic characteristics

The importance of considering numerous and competing logics to justify the change in field level have only recently been discussed by researchers (Hoffman, 1999; Reay and Hinings, 2009; Townley, 2002; Conran and Thelen, 2016). If behaviour is influenced by logic and its meaning and expression are historically based then, conflicting institutional logics have diverse implications for organisational decision making at a specific time (Greenwood et al., 2010; Kraatz and Block, 2008; Grinevich, et al., 2019). Therefore, organisational responses can differ from subservience to agreement, resistance, defiance to exploitation (Oliver, 1991; Dahlmann and Grosvold, 2017). An organisation's actual reaction is dependent on the nature of the requirements and forces for change in the sector — the dispute can include resources or objectives and the internal representation of these logics — the disagreement may or may not be translated into the organisation; and internal interest groups may support one or more of the claims (Pache and Santos, 2013).

Collaborations on policy initiatives at the field level are formed to overcome the complexity of institutional logic (Reay and Hinings, 2009; Jancsary et al., 2017).Contextualised collaborations allow participants to preserve their own identities, and collaborate towards a common purpose. Such collaborations also enable participants to accomplish their objectives. This method is also seen as more efficient than first seeking to build a label for collaborative efforts (see also Pratt and Corley, 2007). Section 7.6.5 outlines this key aspect of collaboration on policy initiatives based on the data gathered in the interviews.

When a field is growing, the participants may seek to adjust the field by various methods. The adjustment process may stem from outside, by replenishing existing practises, by blending from within the field, a combination of old and new practices, a combination of both fields, separation of explicit and implicit organisational processes, or reorganisation into a different field (Marquis and Lounsbury, 2007;Purdy and Grey, 2009; Aalto and Kallio, 2019). Sections 8.2 and 8.3 discuss extensively these adjustment processes, albeit the ones which are relevant to this study. Finally, the same argument may contain contradictory logics (Glynn and Lounsbury, 2005; Glynn, 2017). This approach can be very incremental in nature since participants might strictly adhere to old norms. This adherence to old norms is also present, in some contexts, in the GHI field.

Organisations depend on a variety of logics to fulfil a common function. There can thus coexist multiple activities endorsed by contrary reasoning (Purdy and Gray, 2009; Dunn and Jones, 2010; Bossy, et al., 2016). However, following these steps, the path in which existing logics are altered remains largely unknown. We do not grasp the root causes of this logic alteration and how it influences the existing mixture of logics (Greenwood et al., 2010,11; Grinevich, et al., 2019).

Consequently, a deeper embodiment of the gradual construction, and/or rejection of logics in a particular field is required. The links between logics should be provided when there is logic pluralism. It will allow us to see if logic supports, tolerates or opposes one another and to what degree. This may help to understand the internal characteristics and the ability of logics to respond to changes or acceptance to opposing concepts. It may also illustrate the

mechanisms that emerge in the field and the involvement in institutional dynamics of other actors that have historically been dismissed (for example non-state actors in global health field).

3.5 Explaining field level change through the reconstitution of logic characteristics

Because the conceptual focus of this study is on the disclosure of field-level processes, this thesis adopts a view of logic established in previous studies that explored changes to the belief systems in a particular field (Lounsbury, 2002, 2007; Skålén and Edvardsson, 2016). Logics are known to be a collection of cultural values and rules structuring thought. They direct decision taking and influence the behaviours and relationships of actors in an institutional field. In short, logic is a collection of ideas and practices in which social action is guided and organised in a specific environment.

3.5.1 The reconstituted characteristics of logics in this thesis

As the work focuses on field-level logics, internal characteristics (please see Figures 5 and 6) such as, sources that legitimise identity, and relational networks that impact professionals become an important element in the assessment; the reconstitution of sources of legitimacy and identity seems fundamental to the evolution of logic. This represents findings from previous research that analyses that reconstitution of sources of legitimacy and identity can lead to the legitimising of new identities (Stalder, 2006). Legitimising of identity is interpreted as one of the main factors in driving a new narrative. Sources of legitimacy and identity (Thornton, 2002; Thornton and Ocasio, 1999; 2008; Thornton, Ocasio and Lounsbury, 2015) have long been included in the presentation of ideal forms as a characteristic feature of logic (please see figures 5 and 6). As such, based on primary and secondary data, the characteristics of logics that have been reconstituted are displayed in Figure 6 (see p.42). In the following sections (3.5.1.1 to 3.5.1.4), the characteristics presented in Figure 6 are elaborated on.

3.5.1.1 Sources of legitimacy and identity

This dissertation argues that it would be more relevant to the study of logics to establish a more systematic definition by examining the reconstitution of sources that legitimise identity.

The term “identity” incorporates both the self-definition of a person as a group member (identity) and the relationship arrangement in a given context (role). It thereby helps to define self-categorisation and to explain the nature of relations around a particular actor (professional) (Chreim et al., 2020 and Thelisson and Meier, 2020). Section 6.3 covers this reconstitution of the sources of legitimacy and identity with regards to the context of study in this thesis.

3.5.1.2 Formal and informal control mechanisms

The framework of the authority (e.g. Thornton and Ocasio 2008), is another aspect that is commonly considered to be a characteristic of logic. Authority derives from a specific function of an individual in an organisation, its rank and prestige, the existing social ties, the actor's ability to maintain such relationships, as well as the ability to use the tools available (Lounsbury, 2002; Thornton and Ocasio 1999; Thornton, Ocasio and Lounsbury, 2015). Some scholars argue that players in key roles in a sector are stronger and more likely to implement reform (Greenwood et al., 2002; Greenwood and Suddaby, 2006; Zamperini and Lurati, 2017).

Others suggest that institutional entrepreneurs, instead (Leblebici et al., 1991; Maguire et al., 2004; Furnari, 2016) hold marginal roles, allowing them to retain authority, but also to link stakeholders and to monitor key resources. In the two examples, actors with dominant logic will have a specific standing in a field and will therefore establish other systems of authority (formal and informal control mechanism) to preserve legitimacy of their identity (Stalder, 2006) and defend their logic. Systems of authority are not necessarily placed on other actors in this field by influential players but are accepted, (at least temporarily to some degree). This thesis thus maintains that, formal and informal control mechanisms in GHI networks, should be viewed as an important characteristic of logic. Section 6.5 provides an in-depth analysis of the reconstitution of the formal and informal control mechanisms in the field of GHIs.

3.5.1.3 Relational networks

Logics are more than abstract thoughts and beliefs; they include concrete things, including particular modes of organisation (Haveman and Rao, 1997; Rao et al., 2003; Adams, et al., 2016; Haveman, 2016). Different organisational forms resulting from theories and beliefs occurring at the societal and field level, will lead to changes in relational networks through which field professionals enact their practices (please refer to Figure 6; professions as

relational networks). Changes at the institutional level are followed by changes at the organisational level; change at the same time ultimately causes changes in the organisational structure of the underlying institutions (Haverman and Rao, 1997; Adams, et al., 2016; Haveman, 2016). Institutional theorists still cannot grasp the mechanism by which new modes of organisation are produced (Battilana and Dorado, 2010; Tracey, Phillips and Jarvis, 2011; Roundy, 2017; Ren and Jackson, 2020), but it is evident that the duality of institutional structures and organisational structures is essential to the study of change over time. The formation or surrender of different modes of organisation (please see Table 1 on p.16), means that a shift in the relational networks that exist in the field will occur. Vice versa, in the presence or absence of particular organisational types, the evolution or deterioration of logics can be seen. Section 6.4 provides the in-depth analysis of the reconstitution of the relational networks in the field of GHIs.

3.5.1.4 Microprocesses in form of practices.

As can be seen in Figure 7 (see p.50), the next feature of logics that has been reconstituted as per the findings of this study is practices. Logics are sometimes referred to as symbolic means and the material behaviours associated with these (for example, Friedland and Alford, 1991; Greenwood et al., 2010; Durand and Thornton, 2018). Literature recently began to emerge with attention to these micro-bases of logic and attempts to understand how changes in practice could cause wider shifts in meaning systems (McPherson and Sauder, 2013; Reay et al., 2006; Townley, 2002; Conran and Thelen, 2016). Practices are characterised as patterns of behaviour that have particular significance, and thus provides an understanding on how tasks should be performed (Burgelman et al., 2018). Practices are different from one another. The sense of practices has to do with wider social understanding and frameworks: actors follow reasoning through actions (Wedlin and Sahlin, 2017), 2017). Section 6.6 details the effects of the reconsitution of practices in the field of GHIs.

Figure 6- Characteristics of the professional logic (author's own diagram)

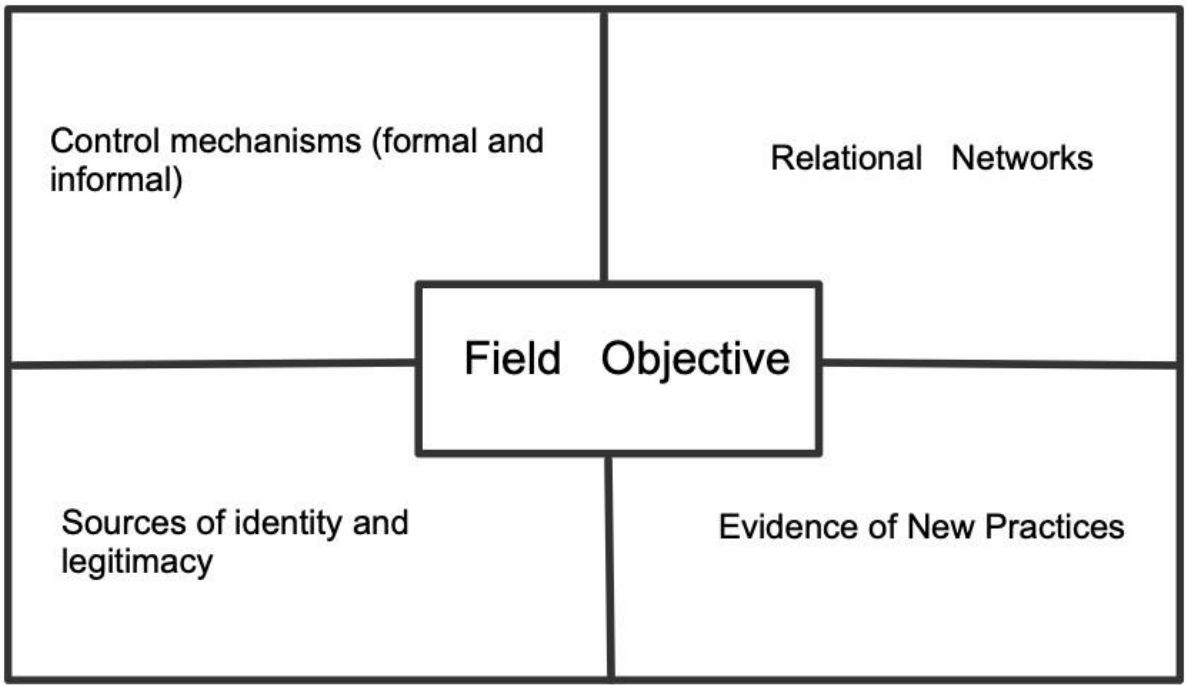


Figure 6 Characteristics of the professional logic (author's own diagram)

3.6 Moving away from logic shifts and logic conflicts towards logic evolution

Section 3.5.1 above, provided the outline of the reconstituted logic characteristics. This thesis explains that the reconstitution of these characteristics of logic will lead to logic evolution. The logic evolution process, as detailed in Chapter 6, will lead to institutional change. This process is dependent on macro and meso level factors (please see Chapter 7).

Notwithstanding the developments in our knowledge of institutional change, we have insufficient awareness of the mechanisms by which fields are restructured by logic-driven processes as opposed to the mechanisms caused by logic conflicts. This study demonstrates that institutional field-level change does not occur solely through a shift from one predominant logic to another, or as a shift in the balance between conflicting logics; change may also occur through logic evolution. Furthermore, the work shows how, due to particular macro and meso factors, the process of logic evolution occurs in a historical and highly institutionalised field.

Current literature has documented the effects and outcomes of institutional pressures. There is, however, a lack of data on the mechanisms that cause these effects (Barley and Tolbert, 1997; Suddaby and Greenwood, 2009; Auschra, Schmidt and Sydow, 2019).

Logics have, until now, been viewed mainly as rigid and monolithic collections of principles and behaviours that permeate the entire society and spread through fields, or refer specifically to specific fields (Lok, 2010; Thornton and Ocasio,1999; Thornton 2002). This conceptual framework led researchers to focus more on the impact of shifts from one dominant paradigm to another, in order to understand changes at the field level rather than on the social structures that lead to such shifts (Thornton and Ocasio,2008).

Recognising these weaknesses, recent institutional scholars have interpreted change as a shift in the balance between competing logics in the field (Purdy and Gray, 2009; Pache and Santos, 2010; Reay and Hinings, 2009). However, some scholars assume that logic can potentially coexist in a field without automatically interfering (Dunn and Jones, 2010). There could therefore be other variables, maybe linked to logic changes that cause field-level change and requires more exploration.

3.7 Characteristics of the professional logic in GHI networks

3.7.1 Professional logic of assistance – The "old" professional logic

In order to adhere to regulations of international law and practices, the duty of a country or state is to ensure that the health needs of its population are achieved. This responsibility ranges from financing the health sector in terms of practices, that entail employing appropriate qualified professionals in every department, as well as the provision of approved drugs and medicines to treat the symptoms of prevailing diseases (Gostin and Wiley, 2016). It is also agreed and understood in the spheres of international law that those member states that are considered to be better equipped in terms of resources and wealth, need to provide support in terms of financial or other types of assistance. However, this particular duty can give rise to problems related to mechanisms of control, and legitimisation of identities (Stalder, 2006). When there is the participation of non-state donors such as private foundations, there exists the issue of regulating the professionals operating in the new relational networks. Agreements made between two parties can already complicate the

situation. However, when these same agreements exist between multiple parties due to new relational networks, the issue become even more complicated. This can give rise to conflicts related to control mechanisms, identity, legitimacy and regulatory matters (Gostin and Wiley, 2016).

Initially, the World Health Organization (WHO) was given the responsibility of taking care of global health issues; to *assist* member states who found the responsibility of providing adequate health services as being a burden, due to inadequacy in terms of funding and training (Brown, Cueto and Fee, 2006). The professional logic here was fundamentally geared towards that of providing assistance. The member states who were part of this "old" relational network retained their power in the matter by their ability to vote on policies and strategies at the World Health Assembly (Godlee, 1995). That meant that the WHO needed to ascertain its identity by making sure that it was adhering to predisposed guidelines and rules. WHO needed to maintain its role as the body in charge of setting control mechanisms.
In essence, WHO's main role and practice was centred around providing cohesion and assistance to each of its member states, in the global health system, to which it answered and was accountable to (Saracci, 1997).

Upon its creation, the World Health Organization was allocated more power and capability than its predecessors. Their identity was legitimised based on the fact that the relational network of professionals in the field was based around them and as such, they set out the control mechanisms (Brown, Cueto and Fee, 2006). The modus operandi and central practices of the WHO was to assist by giving every member state a vote at the World Health Assembly. This was crucial, as it ensured that participating member states would engage in policy-making practices that would benefit the global population by resolving current and future health issues. Pertinently, this related to a *professional logic of assistance* present at the time in the field (Godlee, 1994).

The "old" relational network consisted of the WHO and national health ministries. They were identified as the predominant legitimate body for the improvement of health in the global health system. The World Health Assembly has supreme budgetary control over the WHO, and as such approves and endorses the WHO Secretariat's budget and other budgetary

guidelines (Vaughan et al., 1996). Considering the intergovernmental role of the WHO and the one-state, one-vote system of the World Health Assembly, it is understandable that they were seen as the most legitimate body for global health agreements (Clift and Røttingen, 2018). WHO's legislative body, the World Health Assembly, consists of countries with one vote each; some decisions require a clear majority; some need two-thirds of those present and participating. WHO strategies, suggestions to member countries, adoption of a general job schedule and directives and advice to the WHO Executive Board and to the Director General, are the key duties of the World Health Assembly (Sridhar and Clinton, 2017).

In developing economies, over a billion suffer from diseases which, in the developed countries, involve little to no strain (World Health Organization, 2016). Traditionally, these poverty-related diseases have been neglected due to mostly the failure of government health care programmes and of the pharmaceutical companies. These reflected a *professional logic of assistance* in the field as opposed to that of providing a more *comprehensive view* to tackling such problems.

Very *few new medicinal devices* were thus developed for their diagnosis and intervention (drugs, vaccines and other biopharmaceuticals, diagnostic tools, and mosquito control devices). Pharmaceutical companies are unwilling to engage indefinitely in these practices without market incentives to stimulate their business interests (Trouiller, et al., 2002). As a result, they have been passing on innovations that are of value to society. This ushered the introduction of GHI networks (Mrazek and Mossialos, 2003).

3.7.1.2 Change towards professional logic of integration

Tellingly, the historical change towards GHIs (who represent the logic of integration) could paradoxically be mapped back to the establishment in 1975 of the United Nations Development Programme/ World Bank/WHO Special Programme for Tropical Disease Research and Training (WHO-TDR) (Godal, 1989). WHO-TDR was an attempt to promote a partnership-oriented approach to drug production by having private and profit-driven businesses onboard (Lang and Greenwood, 2003). At the time, while some public sector organisations in different countries were interested in developing solutions for various disease categories, only a few, including the Walter Reed US Army Institute for Research

(WRAIR) and the Central Drug Research Institute (CDRI) in India, actively engaged in designing and creating their own drug development network (see e.g. Nwaka and Ridley, 2003; Aerts et al., 2017). This *initiated* the evolution of the overarching professional logic of assistance towards that of the *professional logic of integration*.

It is also important to point out that by the end of the 1980s, most pharmaceutical firms had steadily withdrawn from the practice of creating *new medicines*, mostly owing to limited insurance schemes and decreased profit potential from the consumers in low- and middleincome countries (Aerts et al., 2017). Lang and Greenwood (2003) also indicates that there was growing friction between the WHO and pharmaceutical companies to make drugs available at affordable prices. This also resulted in pharmaceutical companies' lack of willingness to pursue R&D for neglected diseases (see also Patnaik, 2011; Patnaik et al., 2020). From 1975 to 1999, only 13 new drugs for neglected disease were created, and almost all of the new drugs were either combinations or expansions (Troullier et al., 2002; Pereira et al., 2020).

This practice of the overuse of current medicines, particularly without new alternatives, led to a situation in which existing medicines became resistant and ineffectual, and generated conditions for the epidemic of malaria and HIV/AIDS (Pereira et al., 2020). The 1993 World Health Assembly paved the way for the development of a professional logic of integration, by providing *legitimacy* to public private efforts in the global health system to address the increasing epidemics and the lack of access to new medicines and public indignation in the developing countries, against disengaged pharmaceutical corporations and Global Health Institutions (World Health Organization, 1994).

3.7.1.3 Professional logic of integration and proliferation agents

The GHI networks started expanding at a greater pace (please see Figure 2 on p.17) in the late 1990s, with funding from the Rockefeller Foundation and the WHO Special Programme for Tropical Disease Research and Training (WHO/TDR) and help from the UNDP and the World Bank
(Birn, 2014). These were the international AIDS Vaccine Initiative (IAVI) and the Malaria Venture Medicines. A number of organisations such as the Global Alliance for Drug

Development Tuberculosis (TB Alliance), the International Partnership for Microbicides (IPM) and the Paediatric Dengue Vaccine Initiative (PDVI) were created with the Bill and Melinda Gates Foundation (BMGF) and the Rockefeller Foundation playing the *role of proliferation agents* in setting these up (Sridhar et al., 2013; Aerts et al., 2017). Médecins Sans Frontières (MSF) received the Nobel Peace Award in 1999, and this award further legitimised the identity of MSF. This prompted MSF to initiate the integration of an innovation and access working group in 2003, that culminated into the establishment of the Drugs for Neglected Diseases initiative **(**DNDi),bringing together with five public sector organisations from endemic countries, including India, Brazil, Malaysia, Kenya and the special programmes of the UNDP/World Bank/WHO, for research and training in endemic countries (Hayden and GENEVA, 2015).This was another clear example of the *professional logic of integration* emerging in the field.

3.7.1.4 The key problem of neglected diseases and erosion of WHO legitimacy

The term 'neglected disease' focuses on the problem of inadequate new medicines that have been produced to address diseases that generate massive burdens in developing countries but have few or no effect in the developed world (World Health Organization, 2017). A 'neglected disease' cannot be described. The World Health Organization (WHO), describes the word "neglected diseases" to include 17 diseases affecting a global community of more than one billion people that live in poverty, and are almost exclusively clustered in the poor areas of developing countries (WHO, 2016).

In fact, every year, 10 million deaths occur due to infectious diseases, more than 90% of which happen in developing countries (WHO, 2016). These diseases are common in developing countries and often exist side by side with many other neglected diseases. Unlike other 'neglected' diseases, however, because they often also occur in developed economies, TB and HIV/AIDS, are typically more financially backed in terms of practices related to R&D and distribution (World Health Organization, 2017).

The term associated with funding in the global health system is that of Development Assistance for Health (DAH). DAH has specifically been designed to address the need for funding to health systems, with the targets being low- and middle-income countries

(Dieleman et al., 2016). DAH was born at the onset of the Millennium Development Goals (MDGs) to tackle epidemics such as HIV, malaria and tuberculosis. DAH in 2019 was attributed to be $40.6bn (see Appendix B); six times greater than in its inception in 1990 (Dieleman et al,2016; Institute for Health Metric and Evaluation, 2020).

In the studies (considered by Graves, Haakenstad and Dieleman, 2015; Dieleman and Haakenstad, 2017), the terms low and middle income were taken further to include fragile and stable countries among those low- and middle-income states. Fragile countries were identified as those that were undergoing political and economic turmoil. The papers identify that DAH allocated to fragile states grew constantly from 2005 to 2011. On first view, it was observed that funding streams towards low- and middle income countries' fragile states were being granted adequate funding when the figures were examined per capita. However, upon closer examination it was observed that in fact in low income fragile states, DAH allocation was lesser per capita (Graves, Haakenstad and Dieleman, 2015; Dieleman and Haakenstad, 2017). In numerical terms, more specifically, DAH received by a person in a fragile low-income state was $3.93 less than DAH received by a person in a low-income stable state (Graves, Haakenstad and Dieleman, 2015). Hence, it can be ascertained that the assistance provided to countries under unstable conditions needed to be addressed.

Graves et al., (2015) go further into its investigation by revealing that funding streams gave priority to those member states in a state of conflict. Those countries with refugees, individuals fleeing war-torn zones, were given preferential treatment in terms of DAH provision. In comparison, the funding was less favourable to those states where the government did not engage in creating proper infrastructure. These countries were associated with poor provision of governmental services and inadequate economic growth, as well as enormous gaps between the poor and the wealthy. While the WHO had the main purview on addressing these gaps in the past, the *proliferation* of actors has somewhat eroded their *legitimacy* in this regard.

3.7.1.5 Acceleration of proliferation of actors in the new relational network

Henceforth, it can be observed that the *relational network* for professionals in the field has, however, undergone changes in terms of practices in the field since the beginning of the millennium due to the increasing *proliferation* of non-state actors comprising of a wide variety of civil society and NGOs, private companies and private philanthropists (Hoffman and Cole, 2018). New relational networks have given rise to partnership models known as Global Health Initiatives (GHIs), like the Roll Back Malaria Partnership (RBM). Established in 1998 as partnership between United Nations' agencies and PPPs such as Stop TB, the GAVI, the Global Fund to Combat AIDS, Tuberculosis and Malaria (GFATM) and Malaria Ventures (MMV)medicines and DNDi have become established (please see Figure 7 on p.50) (Pereira et al., 2020). These models pertaining to the *new relational networks* could be found alongside conventional intergovernmental partnerships between the sovereign countries and the United Nations' bodies, leading them to have an identity as being somewhat autonomous.

Figure 7 PPPs (Source: Munoz et al., 2015)

	Drug	Vaccine	Vector control products	Microbicide	Diagnostic
AERAS		X			
MMV	X				
DVI		X			
EVI		X			
IVCC			X		
IAVI		X			
OWH	X	X			X
IVI		X			
MVI		X			
MVP		X			
PDVI		X			
Sabin PDP		X			
SAAVI		X			
TBVI		X			
DNDi	X				
CPDD	X				
TB Alliance	X				
IDRI	X	X			X
CONRAD				X	
HVTN		X			
IPM				X	
MDP				X	
FIND					X
Total	6	14	1	3	3

Figure 7 PPPs (Source: Munoz et al., 2015)

3.7.1.6 Professional logic of Integration and partnerships in GHIs

Before the emergence of the GHIs, one of the first health initiatives in the "old" relational network was the Special Programme of Research and Training in Tropical Diseases (TDR) in 1974. The key partners in that relational network were UNDP, UNICEF and World Bank, and the WHO. That started as an initiative to only *assist* the research in drug development and distribution. Thus, the *professional logic* in the field in that period was principally geared towards that of *assistance*.

This has evolved into an *integration* platform of *practices*-related to research, strategy implementation, product development and distribution to address health concerns in regions consisting of low to middle income countries. The professional logic here is that of *integration***.**

Not only are practices related to drug development and distribution a major objective, but so also is the integration of practices such as on the field intervention in these areas. As such, a shift towards ongoing investment in researching strategies to *integrate* product development and intervention has become the focus (WHO,2018; Certain, Terry and Zicker, 2015)

The key practice that needs to be considered in the case of TDR, is how to relate with the ever-changing actors gaining entry in the new GHIs. As a result, TDR needed to re-evaluate its practices and strategies to align itself with that of the emerging GHIs. The picture evolving here is that for organisations such as the WHO, the landscape of the global health system is evolving at such a pace that their identity as the central body has eroded down to merely a cog in the machine (Dodgson, Lee and Drager, 2017). In this new relational network built around the *professional logic of integration* and *strategic partnerships*, the WHO seems to be lost among the multitude of players in the field (please see Table 1 on p.16) (Harman, 2016).

Public Private Partnerships (PPPs) are partnerships that exist in the evolving GHI networks. They involve a wide variety of players and stakeholders, including government agencies and intra-governmental organisations (as public actors), as well as research institutes, private

pharmaceutical firms and practitioners (as private actors) (Ruckert and Labonté, 2014). This characterises this new relational network.

Patnaik et al. (2020), describe two distinct PPP styles in GHI networks. Initially, there are Product Development Partnerships (PPPs)which are developed to produce pharmaceutical products for low- and middle-income countries. The second form of PPPs known as 'precompetitive PPPs', is generated towards practices focused on the production of new research ideas (e.g. targets for diseases), and resources (e.g. databases), by integrating complementary skills and information and exchanging incentives (also see Pereira et al.,2020). This idea of embracing such a *comprehensive* view of producing medical products is central to the *emerging professional logic of integration*.

This *comprehensive* view of producing medical products also includes another type of PPP in the form of 'access partnerships' which are established to focus solely on implementing emerging technology or providing health services (Muñoz, et al., 2015).

The road towards these new relational networks in GHI networks began when a substantial number of PPPs arose at the end of the 1990s (Nwaka and Ridley, 2003; Munoz et al., 2015; Aerts, et al., 2017), in response to increasing concerns about the *lack of new medicines for socalled neglected diseases* or diseases in tropical countries. Furthermore, there was public outrage at the practices of major pharmaceutical companies due to their minimal involvement in designing and finding new solutions to these diseases, as they affected mostly *low- and middle-income population*, meaning that the *return on investment* for the big-pharmaceutical companies would be quite low.

Dependence on market-controlled mechanisms can contribute to underfunding in developing innovation in social programmes. A good example is the shortage of new medical products in the field of neglected diseases (Trouiller, et al., 2002). The creation of new relational networks has brought about new funding and alliances predominantly occurring through Product Development Partnerships (PPPs) in the GHI networks. Research and Development (R&D) for neglected diseases has thus improved, and hence provided a distinct legitimacy to the identity of PPPs. PPPs are entities of self-government, private sector owned non-profit R&D. Unlike economic practices related to push and pull aimed at countering underfunding in R&D in the private sector, PPPs have

evolved actively to tackle this public health challenge (Le, 2014). In the next section, we explore how non-profit R&D partnership and integration occurring through PPPs has legitimised the identity for this form of PPPs.

Public Private Partnerships (PPPs) are partnerships that exist in the evolving GHI networks (Aerts, et al., 2017). Among the two distinct styles of PPPs in GHI networks, PPPs is one that requires close attention. Through analysis, it can be *interpreted* that the development of the *professional logic of integration* is related to a range of different and interrelated causes, including a common cultural change towards legitimising the private sector (Ruckert and Labonté, 2014) rather than invalidating them, in order to bring down the reduction of business failures. Frustration with the UN's ongoing budget deficits for health goals, as well as inadequate financing practices over time through existing bilateral and multilateral assistance mechanisms and universal awareness that health problems such as HIV/AIDS, are beyond the ability of any one principle stakeholder and this has led to the creation of relational networks (Kostyak et al., 2017).

In the past, very little research and development has been done in the pharmaceutical industry with regards to new medicinal products for neglected diseases. This must be expected, given that, notwithstanding the large unaddressed care demand, the neglected disease market does not provide businesses such as pharmaceutical industries many profitable opportunities (Trouiller, et al., 2002).

Therefore, pharmaceutical companies may describe economic barriers in R&D in the case of neglected diseases as follows (Webber and Kremer, 2001; see also (Siagian and Osorio, 2018):

- Trade markets are small

- The purchasing power of individuals is minimal, although there can be large numbers of people

- Profit does not offset the associated danger to R&D (approximated to be the same as new medical products for other diseases).

In order to promote practices in R&D for neglected diseases at a business level, economists suggested a number of economic tools. Lawmakers started to extensively use push mechanisms aimed at reducing R&D costs for companies, such as grants, tax credits and loans (Le, 2014). Pull mechanisms, however, such as milestones or final prizes, aim at increasing market appeal by minimising the burden of research and development and ensuring revenue for outputs. However, these tools have deficiencies and thus PPPs were deemed a better model (Le, 2014).

Major global health group leaders (such as the World Health Organization, civil society organisations and doctors), thus introduced PPPs as a realistic means of growing R&D for neglected diseases (Pereira, et al., 2020). Nevertheless, it is not obvious how in the context of current organisational structures in global public health governance, a new organisational concept in the form of PPPs is placed. They include professionals in public research organisations, businesses (biotechnology and major pharmaceutical companies), government departments, international organisations such as the WHO, the World Bank, UNDP, UNESCO, UNICEF and UNITAID, civil society groups and current scientific sharing relational networks (Torchia, Calabrò and Morner, 2015).

PPPs are identified and legitimised as operating in the specific context of systems for health innovation and *integration* (Weng, Chen and Wang, 2018), that stretch beyond national borders. When it pertains to the relational network, the wider society is considered (instead of just market), which therefore encompasses professionals in the whole organisational community (i.e. services and knowledge bases), institutions and people (i.e. administrators and policymakers in countries that are vulnerable to diseases and patients) who are affected by PPPs (Buse and Tanaka, 2011). The network is made up of many professionals interested in drugs, vaccines and diagnostics for untreated diseases. Practices are also related to economic policy, funding, legislation, intellectual property and human capital, as well as technology and economies (National Academies of Sciences, Engineering, and Medicine, 2016).

The identity of the PPP model is clearly distinguished from the joint bilateral or multilateral R&D networks for neglected diseases, public institutions and R&D-capable pharmaceutical firms (Munoz et al.,2015; Pereira et al., 2020). The key features are as follows:

- They are founded as non-profit organisations that promise autonomy, no revenue and growth maximisation aspirations from the part of shareholders

- Their goal is to create practices related to innovative consumer technologies that will have an impact on public health (specialised, access core)

- They seek to build 'programme management' expertise to integrate and utilise different R&D stakeholder tools and capacities

- They will handle a number of R&D activities in-house

- External partners also invest in R&D, though some have R&D capability in-house.

Their identity is *legitimised* by the production of modern, effective, high-quality medical products accessible to the target market at a competitive price. This belongs to the professional logic of integration and demonstrates how the evolution of professional logic in the field of GHI networks is occurring. As such, a number of PPPs agreed on a specific 'access' concept that refers to a structured collection of practices that are necessary to ensure that the goods that are produced ultimately have a *fair impact* on public health (Borrás, 2017).

Although all PPPs in the GHI network are non-profit organisations which follow a professional logic of integration, the nature of their control mechanisms varies. PPPs have been formed as autonomous organisations, but a few belong to a larger organisation (i.e. MVP, MVI, PATH, the Sabin PPP). Many PPPs, as well as international bodies (i.e. DNDi, FIND and MTV in Switzerland), are classified as non-governmental organisations (i.e. IAVI

and TB Alliance) (please see Figure 7 on p.50). PPPs are usually created as permanent entities, but some PPPs, particularly those with a larger organisation project, may be transient in terms of identity, in that they seek to engage in a specific objective (i.e. produce a medical product to fulfil the specific disease objective), and are terminated (Munoz , 2015)

3.7.1.7 Professional logic and control mechanisms in PPPs

PPPs in the GHI network, differ in terms of professional practices related to disease mapping, and includes practices such as: the nature of its epidemic coverage; the specific regions at which its medical products are intended; the form of medical product (medicine, vaccination or diagnostic); and the PPPs extent of involvement in the process of implementation (Pereira et al., 2020). The most popular PPPs are centred on specific diseases, whereas other PPPs cover up to six diseases. It can be reported that there are 15 PPPs for vaccines, four new PPPs for new drugs, four for microbicides, and two for diagnostics. Malaria is the disease which receives the most coverage (Munoz et al., 2015; Patnaik et al., 2020)

For medical drug development, the profile of each disease poses unique difficulties in terms of *control mechanisms* across the PPP model. As a case in point, certain diseases such as HIV/AIDS, malaria and TB have wider geographical scope in terms of disease burden, whereas most neglected diseases impact specific geographical areas or nations. This provides a degree of *business encouragement* for private investors, i.e. citizens in the developed world moving to endemic-ridden regions as tourists or military operations of developing countries (Torchia, Calabrò and Morner, 2015). The profiles of diseases differ even in rates and impacts of their mortality. In fact, the problems for practices related to research and technology differ across diseases (i.e. whether or not drugs are commercially accessible for prevention, diagnosis or cure) (Trouiller et al., 2002).

Partnerships such as PPPs in GHI networks often differ in terms of practices related to the degree of participation in the phase of final stages of development. Although all PPPs have a similar identity in terms of operating from discovery to product development, some PPPs stop at the point of output while others carry out practices such as delivery operations, like support for WHO in product pre-qualification, domestic certification, uptake and distribution in endemic countries(Muñoz et al., 2015). The span of control involving the number of key PPP workers ranges widely in view of the magnitude of the R&D portfolios and incidence of

disease. In certain nations or regions, some PPPs run with a broad portfolio. There are also several variations in the different positions and relationships between employees, boards and advisory councils, and others participating with R&D ventures (Pereira et al., 2020).

There is, however, evidence that PPPs strive for improved cooperation and collaboration. The TB Alliance, for example, provided DNDi with a royalty-free licence to produce anti-TB formulations for the use of DNDi's R&D portfolio to fight other neglected diseases. In addition, knowledge sharing between PPPs can help create negotiating power for better packages and for strengthening subsequent bargaining with partners, particularly pharmaceutical companies (Munoz, 2015).

In 2004, Moran (2010) described some 65 neglected disease projects and credits the evolution of GHI networks for this spike in R&D operation. Munoz et al. (2015), also emphasises the growing *integration* in the practices production of medicinal products for neglected diseases, and states that more than 300 private and public organisations (academic/ research institutions, biotechnological and other medium-sized and small businesses, such as contract research organisations, and major pharmaceutical corporations), form part of this new relational network. They are committed to practices which will enhance a portfolio of 374 drugs and vaccines for 23 neglected diseases (BioVentures for Global Health 2012; see also Ferreira and Andricopulo, 2019; Pedrique et al., 2013).

3.7.1.8 Tension in new relational networks

The complexity of the emerging relationships due to these new relational networks deserves special attention. The WHO needs to strike a balance by establishing a working and sustainable relationship with non-state donors and continue to assert its legitimacy in the field as an interstate body. WHO needs to assert this legitimacy and retain its identity as a key coordinating body with its member states to help relieve health concerns.

This complex balance caused conflict in 2007; in that particular instance, the Indonesian Health Minister did not agree to collaborate with the WHO in developing a vaccine to help

deal with the outbreak of avian flu (Gostin and Wiley, 2016). The reason for the reticence of the Indonesian Minister in this instance was due to his argument that releasing the viral samples to derive the vaccines were not going to be used to treat those affected in developing countries. The Minister agreed to release the samples only when a fairer system of distribution of the vaccines was made available to the population of those developing countries that were affected by the avian flu. In 2011, a Pandemic Influenza Preparedness Framework was eventually agreed by relevant member states in order to grant equitable access to those countries to vaccines of such diseases. The example in this case described the complexity for the WHO to maintain its control and legitimacy. They need to maintain their identity in the field by satisfying those actors who provide a substantial amount of funding in the operations of the WHO and less powerful players who need to be reassured that their interests are being taken into consideration. This is of importance since those actors need to be convinced that their support and participation in the practices of health provision is valued (Gostin, 2010).

3.7.1.9 Professional logic of integration- the "new" professional logic

The reality in terms of actual practice of the rules and regulations was, that when it came to the final implementation of strategies and distribution of funds, the identity of the professionals in those member states had little legitimacy in the relational network; this was mainly due to the emerging structure of the global health field governance with the increasing presence of multilateral agreements and collaborations which created new relational networks and hence convoluted the control mechanisms present in the field (Lee,2009). This pertains to the field evolving towards a *professional logic of integration*.

3.8 Introducing logic evolution

It is, in fact, somewhat impractical to believe that field logics will remain consistent over time; it is much more likely that logics would be expanded upon diffusion (Shipilov, Greve, and Rowley, 2010).

Also, early conceptions of logic regard them as historically dependent and geographically positioned (Friedland and Alford, 1991). To my understanding, work has so far largely

overlooked the changing complexity of field logic, perhaps underestimating its capacity to evolve.

We lack insights into how logics are built, how they develop and how they are challenged and ultimately de-institutionalised in the global health system. Focusing on how logic shifts should not ignore the essence of logic as paradigms that ensure consistency of understanding and practice. This draws attention, however, to the processes of social construction that build and incorporate new concepts into logic by the reconstitution of the characteristics of institutional logic. Chapters 6 analyses the phases of the logic evolution process, i.e., the reconstitution of the characteristics of an institutional logic. Chapter 7 analyses the macro and meso factors that affect this process of logic evolution.

3.9 Framing the research questions

3.9.1 Purpose- Explaining institutional change via the evolution of one single logic

The purpose of this study is to explain how institutional change at the field level is taking place in the context of the global health system. *The thesis explores the field of GHI networks*. In particular, it studies how one of the institutional logics within it, i.e. the professional logic, has undergone a change and has gradually evolved. The study identifies the macro/meso factors that affected the change process and eventually contributed to *outcomes* in the field. The thesis thus aims to study how *one* of the institutional logics, specifically the professional logic, in the field of GHI networks has evolved.

3.9.2 Background- Proliferation of actors in global health networks

Empirical literature on changes in GHI networks indicates that healthcare services were incorporated into vertical programmes before the 1990s. Following the proliferation of non-state donors (please see 2.1.6), the sector underwent a change process that, among other things, aimed at improving vertical efforts and creating an innovative approach in the field by fostering a more comprehensive view of the profession (please see 2.1.3). Structures have evolved in various ways in the field of GHIs under the overarching professional logic. This professional logic was prevalent in the early vertical approaches to tackling diseases. Following the proliferation of non-state donors, the professional logic has evolved.

3.9.3 Research questions

This has prompted the researcher to gain insight on:

1. How does the emergence of the new GHI networks demonstrate the reconstitution of the characteristics of logic in the field of global health networks?

2. What are the macro and meso factors that allow the field of GHI networks to be restructured?

Further elaborating on these issues, taking into account a wider theoretical purpose, this thesis examines how the existing logic evolves as new concepts are added and incorporated in it. Concisely, it uncovers:

3. How is the evolution of logic over time representative of field-level institutional change processes?

3.9.4 Summary of the results

The results of this research indicate that developments in the field level will arise through a logic evolution process. This is accomplished through proliferation agents who collectively set up new systems, often imported from other settings, and then embed themselves within the new institutional environment. Actors expand on existing paradigms on the basis of societal and field level factors that enable the logic evolution to take place. Evolving the logic will lead to a: reconstruction of the sources of legitimacy and identity; novel controlling mechanisms; new relational networks; and novel practices. In doing so the main objective of the field is modified. As a consequence of collective activity of professionals, logics and fields arise as emerging processes that increasingly segregate the previous constructs as new institutions are built and developed

3.10 Conclusion- Uniqueness of the study

3.10.1 Examining the complexity of change using one logic

This thesis broadens current understanding of field-level change processes by discussing the evolution of a specific institutional logic. This phenomenon is analysed by means of a comparative study of the same field before and after the cycle of proliferation in order to discover the macro and meso factors that affect the evolution of logic in the field.

The uniqueness of this work lies in the attempt to examine the complexities of transition that take place within an institutional logic rather than between logics. This work offers a range of perspectives that can help to extend our existing knowledge of institutional field-level change.

In view of the complexity of all fields, we must presume that some wider, societal-level logics come into play in some fields while it might not in others (at least not to the same extent). However, if we follow a linear logic conceptualisation (Thornton and Ocasio, 1999; Thornton, 2002; Lok, 2010; Thornton, Ocasio and Lounsbury, 2015), this diversity cannot be taken into account.

This work emphasises the importance of a more dynamic and evolutionary conceptualisation of logic in order to explain how logic develops and interacts in a particular context.

This research explores the proliferation agents in the institutional field and examines their role in the cycle of change. However, the study considers their action in the context of a wider perspective on the process in particular, focusing on the interplay of concepts and processes by which professionals come to share and endorse the same values (Hardy and Maguire, 2017; Ren and Jackson, 2020).

It explores how social agents engage in the logic evolution process, highlighting the agency in the sense of radical institutional change that is spatially and temporally situated (Langley,2009; Reay et al., 2019).

The work explains how reconstitutions of internal characteristics of one logic transforms the field and changes the relationships between groups within a social context. Usually, social actors in a context follow a common logic. However, in logic evolution processes,

subcategories of social actors might conform only partially to the evolving system of belief. Thus, not only can actors react differently to institutional demands (e.g. Pache and Santos, 2013; Golyagina, 2020), but sub-groups within the same context might follow only certain elements of a particular logic.

3.10.2 Relevance of the setting in a COVID-19 world

Ultimately, this work expands the examination of social mechanisms to areas which have not historically been included in prior studies. Until now, the bulk of institutional theory research has centred on state health care, especially in the United States and Canada, and has looked at improvements in mature fields (e.g. Reay and Hinings, 2005, 2009; Greenwood and Suddaby, 2006; Hardy and Maguire, 2017; Zamperini and Lurati, 2017). Very few studies have focused on other environments such as issues that affect developing countries (Lawrence and Phillips, 2019) and fields that are emerging or facing problems (Maguire et al., 2004; Purdy and Gray, 2009; Bossy et al., 2016). Using this as a motive, we have only partial awareness of field-level developments in emerging GHI networks. We lack answers on the circumstances in which these institutional orders are contested. In this respect, the field of GHI networks is a fascinating setting for the study of fundamental change processes. In this sense, since the financial crisis of the 1980s, even sectors historically known as established and deeply institutionalized such as the global health system (Thornton and Ocasio, 1999; Thornton, Ocasio and Lounsbury, 2015), have undergone major reforms. As a result, this thesis is situated in a specific environment, the network of GHIs, which are still comparatively inadequately researched, but nonetheless provide a favourable environment for investigating significant change processes considering the ongoing COVID-19 crisis.

CHAPTER 4. Methodology

4.1 Introduction

In order to extend the current theory on institutional change at the field level, this inductive case-study analysis is carried out by investigating the evolution of an institutional logic in the field (the professional logic). The structured, theoretically based model derived from the study's results (Glaser and Strauss, 2017), builds on the review of advances in the context of global health systems and more specifically that of the field GHI networks. The research setting is known as a case study and it provides the opportunity to analyse processes of change at field level due to the reconstitution of the internal characteristics of one institutional logic (the professional logic) in this setting.

The review of current research and the study of preliminary evidence reveal that, prior to the change, health programmes were identified with unique institutional characteristics and field arrangements. Over time, some basic principles for the improvement of the field of GHIs have been enhanced through the adoption of new tenets within the same overarching institutional logic (the professional logic).

4.1.1 Organisation of the chapter

A comprehensive description of the methodological choices and their impact is given in this chapter. Section 4.2 explains the context of the study and justifies the choice of context whilst sections 4.3 summarises the background to change and the implications of the evolution of the professional logic in the domain of GHI networks. Section 4.4 explains the strategy and design of the research. Section 4.5 outlines collection, coding and analysis of data. This chapter will end with some reflections on the ramifications of the research methodologies (see section 4.6).

4.2 Research Setting- Selecting the case

4.2.1 Rationale for the choice of case study design

The guideline applied in choosing this case is to optimise the ability to explore the global health system as a result of the evolution of the professional logic in the setting of GHI networks. After a preliminary review of the academic literature on GHIs, a field that had an

overarching field logic (professional logic) prior to the transition seems to have changed following the proliferation period (please see 2.1.5 and 2.1.6). This field seems therefore to have a certain diversity in the nature of processes. Explicitly, it shows changes in field level processes.

In view of an interest in researching cases per se and as distinct expressions of occurrences that are encoded in their context, a case-study research design is selected. The importance of the case is integral to the interpretation of the change processes that have occurred through the evolution of professional logic and their study is essential to illustrate the macro and meso factors impacting this phenomenon at field level. The new relational networks, novel control mechanisms and new practices impacting the professionals suggest distinct trends in the process contributing to the emergence of GHI networks.

Therefore, the choice of the case is driven not by selectivity, but by the capacity and ability to learn about processes of institutional change at field level in spatial contexts. The case reflects origins of characteristics, mechanisms and concepts that can be applied to investigate the phenomena of interest (Luck, Jackson and Usher, 2006; Yin, 2018).

In addition, this thesis is placed in a current relevant context; that of Global Health Initiatives which is inadequately researched, and this can provide fertile grounds for investigating mechanisms of transformative change that is relevant in the current societal context.

The GHI networks demonstrate how the historically mature and heavily institutionalised global health field has undergone a dramatic change (Thornton and Ocasio, 1999; Thornton, Ocasio and Lounsbury, 2015). This transition was motivated by proliferation agents both within and outside the field who played an important part in the overall transformation of the field.

4.3 Summary of the major changes leading to professional logic of integration

So, to summarise, since the start of the millennium the global health system has experienced major changes in its *relational networks*, mainly to integrate practices related to research, development and delivery of healthcare services. These belong to a *professional logic of integration* which has come about as a result of the evolution of the professional logic. Conventional players, such as the WHO, dominated the Global Health System prior to the proliferation period. Alongside the WHO, the transnational health organization was also present national health ministries of major developed and developing nations. Prior to the proliferation period (please see 2.1.5 and 2.1.6), a *professional logic of assistance* prevailed. The *old relational network* has thus been modified by the joining of non-governmental organisations, private organisations, philanthropists and, in some cases, civil society representatives. As a matter of fact, the characteristic and backdrop of legitimacy and identity between the old and the new actors have also shifted, and this is reflected by the advent of new practices and networks. In terms of the relationship and operation, there are also new standards and practices. The WHO defines public-private health collaborations in GHI networks as "public sector initiatives with private sector involvement" (WHO, 2016). This is a broad description that allows for several forms, shapes and PPP sizes. The definition of a modern PPP in GHI networks would be one where a government organisation/partner sets the control mechanisms for goals and guidelines for private entities to work under (WHO, 2015c).

The key partnerships in the GHI networks include PPPs such as Stop TB, TB Alliance, the Global Alliance for Vaccines and Immunization (GAVI), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the Medicines for Malaria Vaccines (MMV) (Aerts, et al., 2017). These new institutions have now gained a certain *identity* that has been *legitimised* in their specific disease categories. This is due to them being considered the most *effective* way of overcoming the systematic and quite often long-standing problems in the global health system (Towse et al., 2012). It is important to highlight that increased foreign support for these newer institutions has contributed to a considerable and, in some cases, complete *decline* in *conventional actors'* financial and *institutional significance*. This is quite symbolic as it embraces the shift towards a professional logic of integration (Harman, 2016).

The advent of new multi-stakeholder control mechanisms in GHI networks, including the Global Fund and GAVI, has seen a significant shift in international cooperation, representing a logic evolution process. With a pledge from $852 million in 2001 (its establishment) to $3.2 billion in 2013, the Global Fund soon became the biggest multi-stakeholder health donor (Beres and Soussan, 2013; Clinton, Sridhar and Sridhar, 2017). GAVI has risen to $1.4 billion in 2014 from the peak of its initial phase of $164.7 million in 1999 (Clinton, Sridhar and Sridhar, 2017). In addition to managing large capital, the comparatively recent relational networks are distinguished by a governance system that is markedly *different* from conventional multilateral organisations.

4.4 Research strategy and design

The key goal is to research the impact that historical and social-cultural influences have in affecting the manner in which the identities, legitimacy and relationships of actors shift and establish new field structures.

To this end, the study relies on a naturalist method of inquiry (Denzin and Lincoln, 2011; Pope and May 2020), employing an inductive approach. To evaluate the data and produce theoretical suggestions about the phenomenon of interest (Glaser and Strauss, 2017), which is the field-level institutional shift in a particular temporal and spatial sense through the evolution of one professional logic, it uses abduction theory techniques. It does not, however, test a hypothesis that is logically derived from a priori assumptions, but instead discovers a theory that arises from the selected research scenarios.

Harrington (2005), detailed the importance of research philosophy in the creation of a strong framework for developing and creating ideas. Consequently, a strong framework helps in the collection and analysis of data. This in turn aids in finding suitable answers to research questions or hypothesis testing. This ensures that the data collected has validity when it comes to interpretation and analysis.

Positivism has long been one of the most important and influential philosophical approaches in natural science. Positivism is a position which encourages the use of natural science methods to research social reality and beyond. The French sociologist Auguste Comte

introduced it in the 19th century (Honderich, 2005), a trend close to empiricism and naturalism. This was the dominant ideology in the 1960s and 1970s, when it pertained to research in business and management. Yet questions regarding the limitations of quantitative approaches frequently associated with positivism have been posed in the 1970s and 1980s. For example, the prevalence of quantitative positivist research over the qualitative method has been described as one of the weaknesses of previous studies in management research (Teece, 2007).

The positivist premise that scientific methods can more or less reflect and quantify the observable reality was questioned. The critique was related to the fact that positivist approaches remove context from sense making in the course of creating quantified measurements of (social) phenomena (Denzin and Lincoln, 2011). The positivistic hegemony was criticised and questioned by proponents of two alternative philosophies; constructivism and postmodernism. Notably, the critique was made due to the omission of social and political context in positivistic approaches to research (Creswell and Poth, 2016).

As such interpretivism presented an alternative to the positivism paradigm. Interpretivism diverged from the use of the scientific framework in the research of social orders and systems (Prasad and Prasad, 2002). The interpretivist point of view provided a different logic that quantifies the characteristics of human beings in the study of social systems (Baert, 2000). Such a perspective places the emphasis on interpretive study of social behaviour in order to achieve a rational account of the phenomena.

This study employs an inductive approach. Hirst and Humphreys (2015), chose an inductive exploratory case study of the creation of a new SSC, 'FirstService". Using this design, they explored how the implementation of technology in professional service work expanded the potential for organisational versatility. Their review of developments in FirstService is part of a larger investigation of efforts to modernise a UK local authority, the Western County Council (WCC) by incorporating new interconnected innovations in their work environments

The design implemented is a case-study design (Yin, 2018). Ayikoru (2015),followed a case study design since it allows choices regarding the possibilities of choosing avenues of study as opposed to providing a methodological preference. Pertinently, a qualitative case study,

focusing on a particular case, is implemented since there is no effort to generalise beyond a specific case, but instead there is an interest in highlighting what can be gained from using a qualitative approach (Stake, 2013; Ayikoru, 2015). Nevertheless, there is recognition of the various ways in which the word "case study" is interpreted and used in multiple academic contexts (Welch et al., 2011; Ayikoru, 2015) but also in contexts where there are questions regarding traditional narratives on authenticity, replication and relevance (Hammersley, 1990). The pervasive impact of such discourses, which in itself represent positive and contradictory views on what is labelled empirical, is often expressed when choosing between quantitative or qualitative.

A qualitative case study design is thus deemed to be more fitting in this research as it allows an in-depth review and explanation of the emergence of GHI networks. In this way, it is more likely to address questions about why and how there has been an emergence of the GHI network. This, in essence, promotes a better comprehension of the underlying dynamics and also allows a contextualised and specific clarification of the consequences for the emergence of GHIs in the global health system (Ayikoru, 2015)

Emergence of GHI networks are examined in context of the evolution of the global health system. This attempts to identify reinterpretations of the internal characteristics of one institutional logic (the professional logic), which have contributed to the growth and advancement of the GHI networks in terms of new relational networks, reconstituted control mechanisms and new practices as well as legitimising the identity of the professionals in the field.

This research largely consists of a single level of examination; the GHI network which is a subfield of the wider field of global health systems. The organisation of GHI network is described as a field which comprises a multitude of actors, including organisations, patients, regulators and funders (DiMaggio and Powell, 1983; Scott, 1994). These actors collaborate to accomplish the shared aim of ensuring the welfare of the citizens in geographical areas. This field consists of all professionals that collaborate together in organising, funding, delivering, tracking or accessing medical products that are especially vital to communities in low- and middle-income countries.

Although the field of GHI networks is the core level of research, some ideas are obtained from a micro level of analysis of practices. These are the agencies who are active participants in the field. This preference is in compliance with the study issue and the approach of previous institutional field-level change studies. The field is the working environment for perceiving the complexities of logic evolution (Thornton and Ocasio, 1999; Durand and Thornton, 2018) and for documenting linkages between professionals, institutions and organisations (Lounsbury, 2007; Zhao and Lounsbury, 2016)

4.5 Research methods

4.5.1 Data collection

Research techniques in this study consist solely of qualitative components. It was important to analyse the process of change by examining developed structures of common values and meanings that represent cultural and context-specific social dynamics. Numerous sources of information have been used to gather data, including face-to-face in-depth interviews, field notes, current global health literature, reported reports and studies, and records. The triangulation of data from the sources listed above was mainly used to bring knowledge into context, and to better understand the emergence of new ideas.

Interviews were used as the primary data source to expose the field-level change mechanism. The interviews included both the remembrance of past events and the examination of current topics (retrospective and current interviews). The sampling approach was primarily theoretical in order to further explore the new concepts in the field. The objective was also to record the full variations of the observed occurrence — institutional field-level shift through evolution of the professional logic (Lincoln and Guba, 1985; McInnes et al., 2017).

The snowball technique was used to extend the sample and gain expression of opposing opinions on reform concepts, results and main actors (relative and variational sampling and selective sampling), until consensus was achieved (Draucker et al., 2007).

During the initial phase of collection of data, an exploration of issues to be investigated was executed. These were later explored and analysed during the second, explanatory process. In the original compilation of data, we needed to explain how the network of Global Health

Initiatives (GHI network) was configured in ahead of the time of the proliferation, what the key proposals were and what the change effects were, and how the global health system was reconfigured after the change. The aim of this stage was to analyse the key ideas and outcomes of the change in order to detect the potential for the comparative analysis into the change mechanism through the framework of institutional logic.

To this end, an extensive literature review was undertaken to collect applicable research on the emergence of GHIs in the Global Health System since the beginning of the 1990s.This is a key period in the proliferation phase (please see 2.1.5 and 2.1.6). This included publications from the World Health Organization (WHO), the World Bank and the European Union, documents accessible on official websites of individual ministry departments, educational tools from universities and professional associations and scholarly literature and papers written in English peer-reviewed journals. The information gathered was used to explain the general features and patterns of the change and to discern relevant details on the circumstances in which the proliferation occurred.

Consequently, this helped define possible trends to be potentially established later in this report. These subjects were addressed in advance with some colleagues at the Business School and the initial contacts in GHIs to help prepare for the interview process. This analytical description of concepts relating to the previous relational networks and the current one, is primarily based on archival and documentary details, including observations from interview evidence (see Appendix E-G for the Summary of Codes and corresponding quotes can be found in Appendix D)

The next phase was the exploratory process of the study. In the exploratory phase, interviews were conducted with a purposeful selection of highly networked informants, based on theoretical significance (Glaser and Strauss, 2017; Seidel and Urquhart, 2016) and flexibility (Lincoln and Guba, 1985; McInnes, et al., 2017) as selection criteria. The objective was to identify a multi-level sample of key players engaged in policy formulation and implementation, and to collect divergent viewpoints in order to enrich the analysis with pluralistic insights on the process of changes in the field (McNulty and Ferlie, 2002;Pettigrew, 1995; Pettigrew, McKee, and Ferlie, 1992; Ferlie, 2019). The overall aim was to explore attitudes and awareness of the goals and aims of the GHIs, consequent improvements in systems and procedures, discussions of legitimising identity with respect to

new relational networks, stimulating influences and barriers, significant accomplishments and fundamental failures, important key performance variables and knowledge gained (open sampling). By that point, both interviews and document analysis verified the existence of a specific structure of the health system, and the specific fundamental values of the old system. They all referred to the concepts of the vertical approaches. Those concepts were adopted in the field during the proliferation period. However, archival records and interviewees demonstrated the involvement of various practices in the emergence of GHIs. These were the support of individual institutions, the credibility of the current professional position and the various forms of entities that have been permitted to deliver services through the new GHI networks. Additional collection of data and review rounds have shown that the patterns of transition are due to macro and meso factors in the field (for further specifics on the coding mechanism, see Appendix D; for further context information on GHI, see Appendix B).

A more explanatory process followed during which new evidence was gathered and the study developed. This was meant to clarify the mechanism of logical evolution in the field and to disassemble the particular variables that influenced the transition. After tentative consultations with GHI's initial contacts, the first series of interviews was held in March 2019, with 10 participants from various stakeholders. The second series of interviews was completed in April 2019, with 10 participants from various stakeholders.

4.5.1.1 Selection of Participants

The participants varied from the different organisations in the GHI networks (see Appendix H), and they included the key personnel from: major Private Foundations United Nations agencies, major partnerships in the GHI network, specialist organisations, administrators of private foundations, independent research institutions and researchers from historical academic institutions. Figures 1 and 3 (see p.15 and 18) were utilised as a key diagram in the selection process. They were contacted via the professional networking platform LinkedIn to access the initial participants and then using the snowball technique further interviewees were selected and contacted.

Data gathering continued through interviews with three new informants from academic institutions, private foundations and technical societies until May 2019. The identity of the informants shall not be revealed to comply with the request for them to remain confidential.

Participants were notified in advance that the discussions would yield the data to be used for this research study. In addition, they have already received a short description of the research proposal, as well as a wide overview of the purpose and methodology of the analysis. Based on the knowledge and skills of the interviewee and the volumes of material collected, the interviews were either mainly unstructured (Lincoln and Guba, 1985) or semi-structured (Pope and Mays, 2000). A schedule of the interview was utilised and continuously updated to resolve previously established and theoretically important problems, and/or to further examine frameworks arising from the study (please see Appendix A).

The interviews took place in English via Skype. All participants were able to articulate and speak the language. The interviews lasted about one hour each, but the duration of the interviews varied from one hour to two and a half hours. They were all thoroughly recorded and transcribed, paying attention to maintaining confidentiality and anonymity of the interviewees.

4.5.1.2 Abductive Analysis

Abductive analysis used in this thesis is a qualitative data analysis method that uses a mix of refined theoretical awareness and methodological assumptions to generate innovative and novel theoretical models. Instead of putting all pre-existing theoretical constructs away during a research study, abductive analysis emphasises that scholars should immerse themselves in the field with the richest and deepest theoretical background which is feasible and expand their theoretical vocabularies during the whole research (Timmermans and Tavory, 2012).

Using abductive thinking has indirectly shown parallels between different types of qualitative research. This suggests, at least to me that this technique has the potential for extra benefits. The ability to draw from a wide range of disciplines, fields of research and theoretical viewpoints may be a significant benefit to abductive analysis (Earl Rinehart, 2021). Benefits may be identified across scholastic divides instead of maintaining (fabricated) geographical limits to research. Something that Denzin (2008) referred to as a "bigger tent" of qualitative inquiry (p. 321) might allow for more widespread (and visible) deployment of abductive analysis.

Giulio Pacius proposed the abductive argument in 1597 to interpret Aristotle's idea of apagoge, but it remained mostly ignored for over three centuries. Peirce (1971/1974) first used the term to denote the sole inference that new information may generate; reasoning that is fundamentally different from other forms of logical reasoning such as deduction and induction. As a type of reasoning, abduction is reasonable and scientific, yet it deals with the realm of profound insight and fresh knowledge. Abduction is designed to aid social research, or more specifically, social researchers in making new findings in a logical and methodologically orderly manner (Bruscaglioni, 2016).

New ideas are generated to account for perplexing empirical materials rather than hypotheses originating from facts. The tenets of the grounded theory methodology can encourage abductive thinking by reviewing, defamiliarizing and alternative re-packaging in light of theoretical information. The surprise, dilemma, or abnormality that could spark a fresh theory is then methodologically revealed through rigorous data analysis against a backdrop of acquired theoretical acumen. Abductive analysis is appealing because it accurately extracts theoretical breakthroughs through a twofold interaction with current theory and meticulous methodological procedures. The focus on abduction and its link to current literature and techniques of analysis implies that theory creation is a technique that can be learned via sensitization to and close interaction with data and associated theory development.

4.5.2 Data coding and analysis

In order to guarantee the confidentiality of the source and transcripts, data collected via interview transcripts and field notes were ordered in colour coded folders and downloaded into data coding software (ATLAS.ti version 6.0). The data encoding was used to identify categories and constructs immediately on the data and establish theory suggestions for their relationships, in order to understand the process of institutional change (Lincoln and Guba, 1985).

This work focused on the present set of institutional change theories (please see Chapter 3). It extends institutional change theories with the interpretation of emerging field mechanisms that contribute to new ideas. These new ideas are validated through the consultation of extant literature. An abduction theory methodology has therefore been employed, rather than a new theoretical perspective isolated from previous literature, to discover yet unexplained processes in a certain field of study (Suddaby, 2006; Sato, 2019). Abduction theory is important for the study of behaviour that impacts social processes. The goal is to establish theories that take into consideration the interaction between personal and social constructs in a key context.

It allows for a systematic guide to the behavioural dimensions of culture, the meaning and the context (Goulding, 2017). It is concerned primarily with the simple reasoning, the concepts and procedures involved in the production of the results, and with their implementation and explicit interpretation.

Finally, in naturalistic environments, the approach blends into analysing social actions. The primary methods for data labelling and interpretation were continuous comparative approaches and analytical sampling. The operations were carried out somewhat at the same moment, as they consulted one another continuously (Glaser and Strauss, 2017; Strauss and Corbin, 1997; Goulding, 2017). The researcher went back and forth from the emergent ideas and consulted literary research and evidence in order to slowly re-finish the list of codes (Miles and Huberman, 1984; Hashimov, 2015). The preliminary study of literature and accessible archival data was a key starting point for the researcher.

An important goal for the researcher was to consider the point of proliferation of actors in the global health system. Also, key was to learn about the fundamental principles behind the implementation of new GHI networks in the global health system field (Part A of Appendix D).

It helped define the scope for investigating internal improvements in the theory and prompted me to gather and evaluate evidence during the subsequent processes. During this process, new problems were addressed, and evolving ideas and topics slowly developed until saturation point occurred (Glaser and Strauss 2017).

Distinctly, the goal was to validate whether or not the logic evolution process resulted in clear results in the global health system, as was apparent from the earlier phases of the investigation. And thereafter, it identified particular phases of the evolution process during which reconstitutions of particular logic characteristics could be observed (Part B of Appendix D).

Eventually, it defined qualitative influences that affected the logic evolution process and led to the evolution in the field. (Part C of Appendix D).

4.5.2.1 Data Coding Stages

Figure 8 Coding diagram (Author's own diagram)

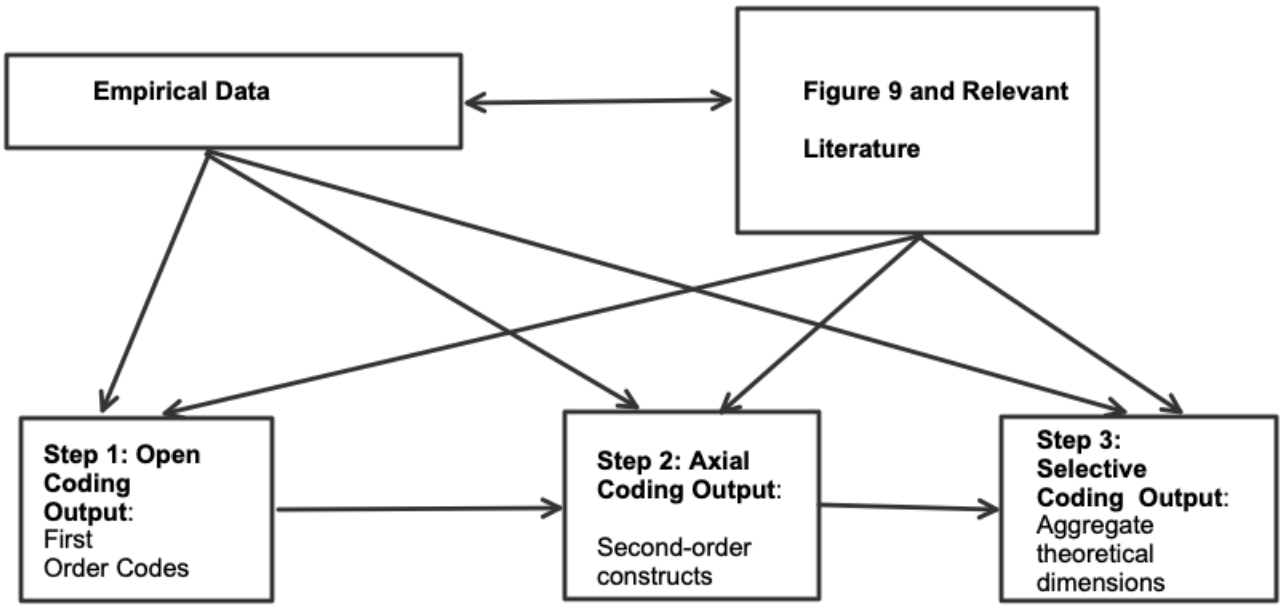


Figure 8 Coding diagram (Author's own diagram)

The coding consisted of three stages, normally carried out in parallel (Corbin and Strauss, 1997; Charmaz and Thornberg, 2020).Figure 8 above, illustrates the stages in the coding process. In the first round, the decision was to explore and create a detailed set of usable codes for each interview, in order to categorise details and knowledge. Such concise codes helped to assign the key incidents, explain the proliferation phase and classify concepts emerging due to the proliferation of actors. In order to maintain authenticity and accuracy, these were consistently checked against the archival evidence and extant literature. The extent of applicability of each evaluated code has been developed slowly. First groups and potential links between them have been defined by distinguishing the types, properties and descriptions provisionally from their subcategories. A cumulative number of codes arose from this first level of coding. Out of these, 85 refined codes or first-order categories were extracted. These codes have isolated unique and functional concepts which have been changed through the proliferation period and which seem to suggest an evolution in the institutional logic (the professional logic).

The second phase went through interviews, using the textual data to further underpin temporal, spatial and causal effects across categories. First-order categories were compared and systematically contrasted; those exhibiting identical properties and/or referring to different definitions were combined and those containing contrasting dimensions or properties of the same category were untangled. This evaluation approach resulted in the identification of interim spatial, temporal connections between the processed codes and to the discovery of specific conceptual frameworks. They were related to the characteristics of logic and appeared at various stages of the process. In the end, this step produced 34 second order categories.

The third round of coding achieved maximum levels of complexity as they sought to validate the links between the codes. The emerging categories were integrated into 17 theoretical categories. Such categories identified the logic characteristics detected from the data, which changed during the process at different times and the societal and field-level variables which induced the change. This has been used to describe the phenomena of interest — institutional change at the field level by logic evolution — and the reasons for their various manifestations in the field.

Operational codes and empirical memos and logic diagrams assisted the study at all times and guided the creation of the theoretical framework. The data structure resulting from the coding and analysis is illustrated in Appendix E- G.

For the reasoning of the theoretical model, samples of illustrative quotations and corresponding first-order categories are given in Appendix D. The results and the interpretation of the findings are provided in Chapters 5,6 and 7. The ties between the categories and the justification for the coding are seen in Figure 9.

Figure 9 Coding reasoning and links for theoretical categories (author's own diagram)

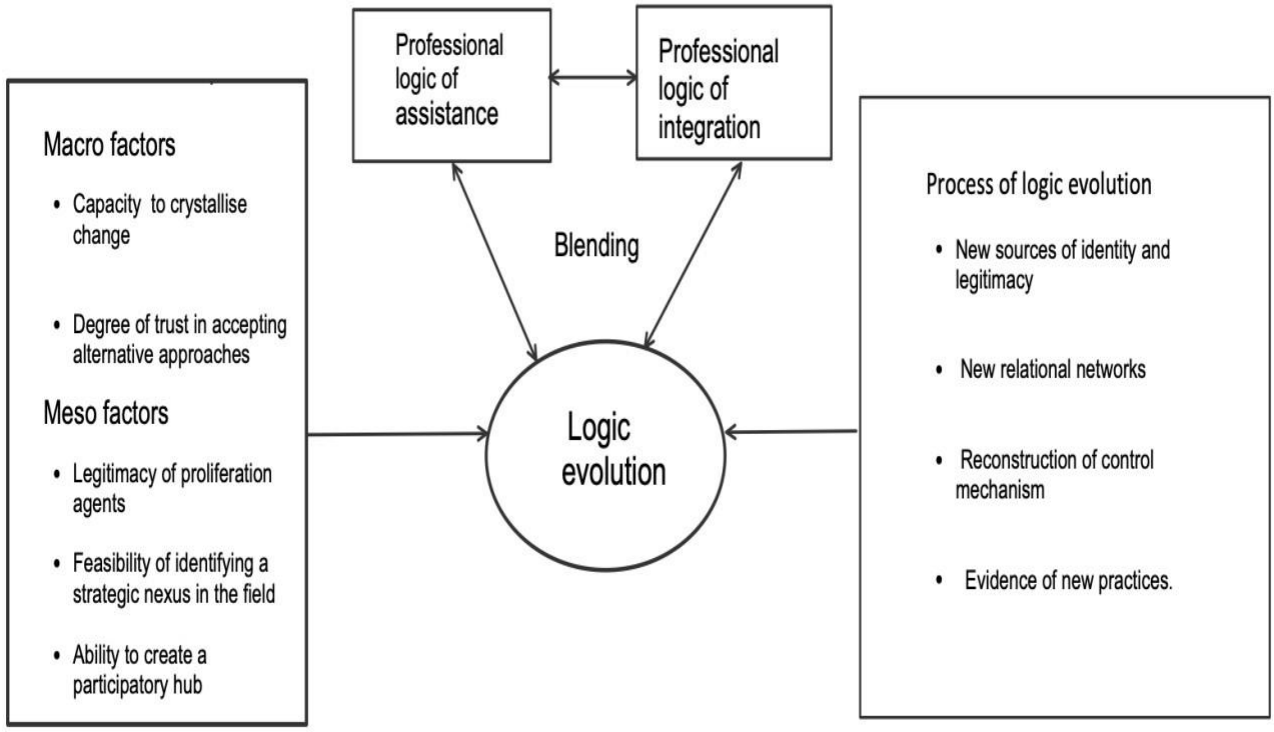


Figure 9 Coding reasoning and links for theoretical categories (author's own diagram)

4.6 Limitations of methodological choices

The criteria used to determine the efficacy of naturalistic investigations vary from those used to evaluate logico-deductive, positivistic inquiry (Lincoln and Guba, 1985; Denzin and Lincoln, 2018). Issues concerning the internal and external validity, reliability and generalisability of the results that emerge in relation to a conventional research report; have parallels in interpretive, naturalistic research in which questions about trustworthiness, integrity, confirmability and transferability are more relevant for an inductive case study. As its goal, the method of analysis has to address these issues at all times. The declaration of methodological choices and procedures serves the function of a scientific rigour seeking (Langley, 2009).

The credibility judgement is based on evaluating how conclusions are reached (Glaser and Strauss, 1967). To maximise the chances of creating a more coherent and consistent hypothesis, memos were produced to keep track of concepts as they were formed during the coding process and to log interpretation choices. These helped to classify homogeneous concepts and to create categories.

Those categories which were considered more representative of the phenomenon of interest were chosen as the main categories. Input from co-researchers were sought to verify understandings while reviewing the information and developing a theoretical model and proposals (Langley, 2009; Miles and Huberman, 1984; Hashimov, 2015). For the abstraction of categories at a theoretical level, discussions with colleagues on the initial and further model formulation were especially illuminating. The theoretical structure was thoroughly clarified in detail and comments were made in some sections of the text from the data (Glazer and Strauss, 2017).

In the final version, significant volumes of initial textual data were used in order to "give corroborative information for the suggested conceptualization" (Langley, 2009), and to provide "analysis as proof for inference, thereby showing" how the hypothesis was extracted from the analysis (Glaser and Strauss, 1967: 228). In various sections of the text (Chapters 5, 6 and 7) and in supplementary tables (Appendix D), data coding procedures as well as

quotations supporting the theoretical arguments were recorded. The sources of knowledge were documented as accurately as possible with the aim of finding verifiability in a manner that did not interfere with previously established confidentiality agreements.

Sections of texts and data sources have been triangulated in order to reduce the chances of misinterpretation, addressing accuracy, clarity and validity, assessing and ensuring basic data quality (Miles and Huberman, 1984). Multiple opinions of the same phenomenon were taken into consideration in order to explain the significance of such a concept by recognising various ways it might have been interpreted, and to verify the accuracy of an observation/ interpretation as much as possible (Stake, 2013). The interview results were the primary source of evidence, but these were verified against through respondent validation. The latter was the process of sharing my interpretation of the respondent's responses with them.

Many sources of data included papers and records from major health organisations, journal articles, preliminary interviews, field observations and personal notes of the interviewees. This expanded the vibrancy and variance of the codes while also enabling the change process to account for a precise temporal evolution. This helped to address the retrospective bias, memory limitations and rationalisation that interviewees may have had in reconstructing and understanding events.

This helps to preserve useful individual experiences and to at least understand certain common definitions at the same time (Suddaby and Greenwood, 2009; Auschra, Schmidt and Sydow, 2019). To obtain the required degree of abstraction, the evolving codes and concepts were continuously triangulated with current literature in order to produce a theory that would match both the theoretical and contextual body of literature. The theoretical method developed a hypothesis that would be comprehensible and generalisable beyond the instances upon which it was based (Glaser and Strauss 1967).

All methodological choices regarding the adequacy of the research mechanism by which theory was produced have been proclaimed expressly (Strauss and Corbin, 1997). The criteria for choosing the case and the selection of informants inside the case was clearly defined. It defined the main groups and the theoretical formulations. It presented proof of the

occurrences, instances and decisions that led to such instances. The study established connections between codes that emerged on the basis of both analytical and theoretical criteria. Connections were further built on by clear associations between the principles created by the interviewees, as well as from personal observations and the researcher's intuition (Glaser and Strauss, 2017).

Such connections were "checked" by re-evaluating the data already collected and gathering additional data where necessary. The emerging findings were thoroughly monitored by comparisons between the categories and the observed phenomena's evolution. The theoretical propositions were sought to confer breadth and depth on the significance of outliers (Miles and Huberman, 1984; Strauss and Corbin, 1997). Although working to uncover and validate the relationships and eventually build up the theoretical model, results from the case study were viewed through a critical lens.

The study searched for potential competing interpretations of new ideas and connections. This helped empirically ground the results, increase group conceptual density and incorporate variance into the theoretical model. Both the macro and meso factors affecting the phenomena of study, and the temporal dynamics of the process were taken into consideration. This gave the theorisation a processual significance, i.e. deriving temporally ordered explanations (Langley, 2009). In comparison, the theoretical model's visual representation demonstrated a more simplified and straightforward depiction of the phenomena. This enabled the reader to gain faith in the results and create reliability in the overall study process.

The investigator had little impact on the research sites (Miles and Huberman, 1984). This has the advantage of less interference with the workflow of the informants, and of not deviating from the ongoing occurrence of events, which is likely to result in less bias in the accuracy of the evidence. However, it had the downside of not getting to experience the informants immersing themselves more deeply in the daily life of the field. This was resolved by quickly gaining access to the field and by continuous communication with key informants in order to establish reciprocal confidence.

CHAPTER 5. Findings and analysis: chronology of events

5.1 Introduction to findings and analysis

Figure 10: Phases and factors of logic evolution process (author's own diagram)

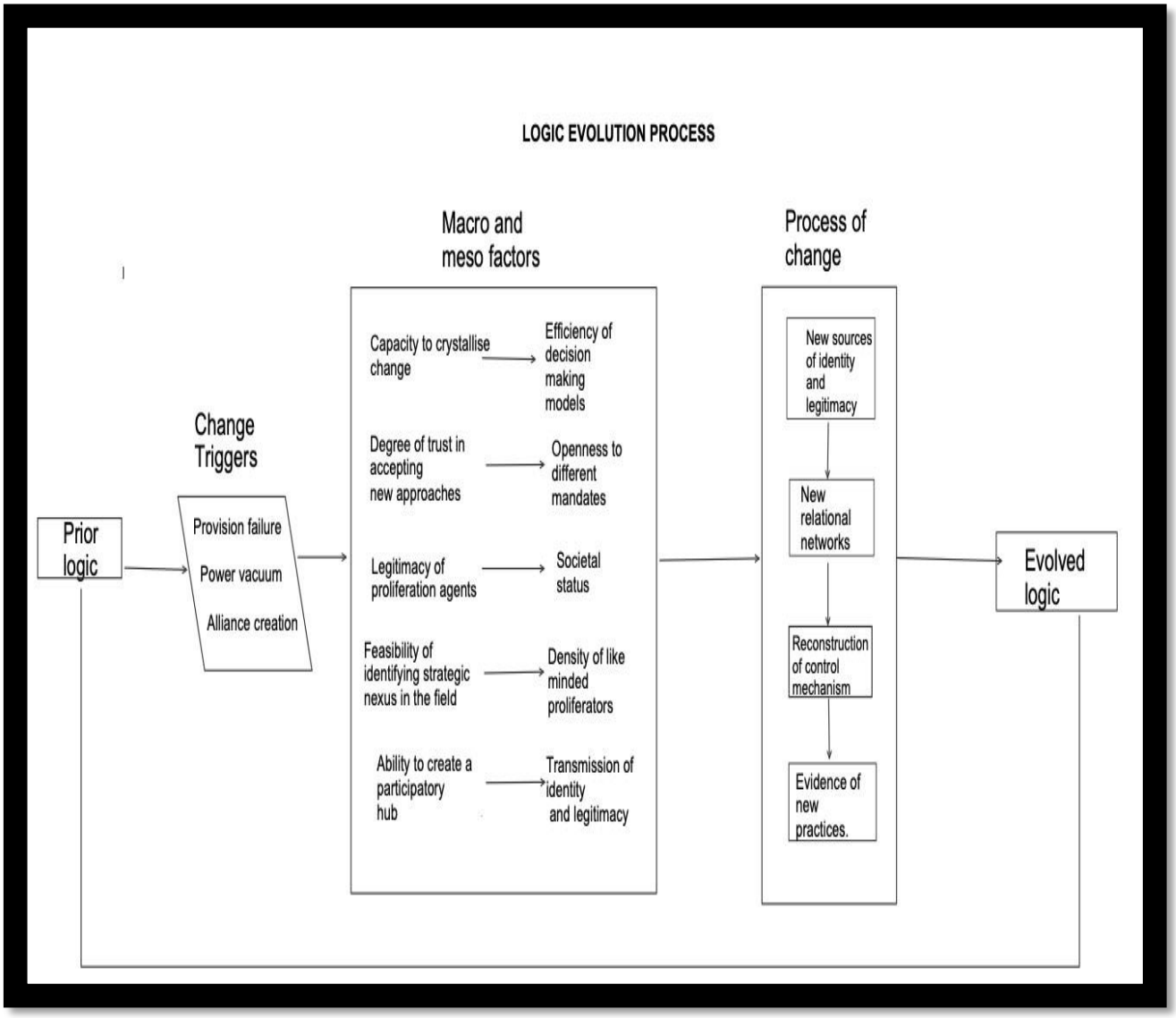


Figure 10 Phases and factors of logic evolution process (author's own diagram)

Chapters 5-7 analyse the change process in GHIs by demonstrating how logic evolution took place through the reconstitution of characteristics inside one institutional logic, namely the professional logic and the linkages between Chapters 5-7 are illustrated in Figure 10 provided above. Chapter 5 explains the mechanism of change in the network of GHIs by providing a

timeline of the events. Chapter 6 analyses how the logic evolution process is developed by demonstrating how the characteristics of the professional logic that were updated at various points of the process. Chapter 7 analyses the macro and meso factors that influenced the evolution of the professional logic.

Chapter 7 reveals the macro and meso factors encompassing this transition. By incorporating new concepts in the GHI field, there are modifications to: the sources that legitimise identities; mechanisms of control; relational networks; and practices relevant to GHIs. This causes the prior professional logic of assistance to evolve during the change process. The evolution pertains to another professional logic, that of integration. Due to the proliferation of actors, new control mechanisms (formal and informal), revised relational networks and practices, the updated overarching professional logic is expounded upon.

Concepts of the professional logic of integration are blended with the concepts of the professional logic of assistance. The permeation of non-state donors in the network of GHIs and their role in the field complements that of the more traditional actors in the global health system. Through extending the professional logic of assistance to include modern concepts of a more systematic and innovation-centred understanding of the field, the resulting overarching professional logic is expanded upon. Therefore, this results in a revision of the overarching professional logic.

The concepts of the professional logic of integration are blended into that of the professional logic of assistance. In the networks of GHIs, non-state actors are considered legitimate and governments actually coexist in the field with those non-state entities. The blending of the professional logic of assistance, and the latest concepts of a more systematic and revolutionary understanding of the global health system constitutes the revised overarching professional logic. This refers to a revised and updated overarching professional logic. This logic evolution process produces a global health system with complex configurations.

Non-state actors are relatively well-integrated in some countries and hence, the networks of GHIs are more stable. In other countries, these non-state entities are isolated and thus the field of GHIs is rather heterogeneous.

Variables at the social and field level profoundly affect the mechanism of logic evolution, giving rise to certain findings. Typically, these include the ability to crystallise change, the degree of trust in accepting alternative approaches, legitimacy, and status of proliferation agents, feasibility of identifying a strategic field hub and the ability to create a participatory hub.

It is also necessary to focus on the proliferation agents in the field and their capacity to express resources; it is also crucial to consider the mechanism of social interaction which legitimises the identity of the global health professional. This is an important factor since it is the global health professional that is expected to enact practices.

5.1.1 Horizontal v vertical debate

Centred on primary and secondary data and following a "temporal bracketing" approach (Clark and Vealé, 2018), the analysis describes the stages of the change process.

Under the leadership of WHO, the world had almost accomplished the unrealistic target of the decade; in 1979, an expert WHO committee reported that the world had actually conquered smallpox (Kirby, 2020).WHO was also dealing with an internal controversy regarding its basic *identity* during the so-called golden age of smallpox eradication.

There was a *persistent gap* between the "vertical" solution to tackle individual (mainly infectious) diseases, and the "horizontal" solution that aimed to reinforce whole health systems and promote *universal care programmes* that will, over time, bring in wider *integrative* and long-term developments in public health (Cairncross, Periès and Cutts, 1997).

However, vertical approaches were favoured by *bilateral donors'* right from the start because it was simpler to *calculate outcomes* over a shorter period of time, for instance by quantifying the amount of bed nets distributed or vaccinations provided. These programmes, since they usually had different funding, distribution and *control mechanisms*, implementation structures and budgets within the WHO, are often easier for donors to *track and control* (Kim, Farmer and Porter, 2013).

However, primary care advocates argued that the WHO being the *centralised institution* at that period in time should commit money and energies to a horizontal approach, claiming with similar fervour that short-term developments in such diseases or provision in vaccines threatened the breakdown in general health services (Mills, 1983).This risked undermining the government's position as the principal guardians of national health systems.

While these claims were made in the 1970s, they are still deemed relevant in today's complex global health architecture. These *vertical approaches* have been criticised for not paying full consideration to country specific factors such as cultural context, corruption, or lack of decentralisation policies. These factors are pertinent to the recipient countries. The lack of attention to these country specific factors when designing top-down global solutions that are being designed in Washington and Geneva, are ultimately piling more debt onto recipient countries:

*"Obviously, there is a massive responsibility for domestic resource mobilisation for countries to organise their own resources…… like tax systems, how do you make fiscal space to collect funding? ……. the World Bank and the IMF pushing for liberalisation, privatisation of services, and huge amount of new initiatives, innovative ways of financing health, which are putting countries into even more debt and pushing top-down global solutions ……. absolutely are disaster at the local level. Because they're totally not thought through within the cultural context……. "(*Philanthropic Organisation W*)*

In 1978, the International Conference on Primary Health Care was hosted by the WHO and UNICEF in Alma-Ata, the Soviet Union (present-day Kazakhstan). Representatives from all member states attended this meeting, and for the first time, health care issues in poor countries were critically discussed and related to growth opportunities (World Health Organization, 1978).The resulting Alma-Ata Declaration emphasised health as a fundamental human right, the role of governments in the universal provision of health care and citizen engagement as a base for efficient health care (World Health Organization, 1978).

The declaration recognised the value of the *integration* of community-oriented, universal primary health care for all countries, and recognised the requisite improvements needed in

fiscal, social and political systems at the national level to allow equal access to services and it is still a *core idea* in today's global health configuration:

"And recognising that you've got to have some system strengthening investments to happen if you're going to be able to respond to epidemics like that when they emerge. Now you're seeing things like the Africa CDC build up its capacity and footprint across the continent be able to respond to this. We've seen the same thing with the Nigerian CDC. The role of the US CDC, as part of the PEPFAR programme has really increased, I would say, over the last 10 years, which helps to respond to this." (Non-Profit PPP R)

Examples of system strengthening investments in the current global health system include the African CDC actively building their capacity and footprint across the African continent; the role of US CDC as part of the PEPFAR programme has also been more prominent.

5.2 Financial crisis of the 1980s leads to vertical approach push

Shortly after Alma-Ata's declaration, the *financial crisis* at the beginning of the 1980s and the need for more *donor influence* in the aid budgets (particularly for the US donors) led to a decrease in healthcare Official Development Assistance (ODA). The *ambiguous* implementing policies, *enormous costs* and the need for a *large skilled workforce* to execute were criticised for much of the proposed horizontal plan, codified in the Alma-Ata Declaration. It introduced vertical methods that centred on medical procedures, such as vaccines, to produce more immediate results (Dunavan and Rosenthal, 2017). This introduction would address the need for funding and skilled workforce.

One impact of this tension was WHO's decision to *encourage* targeted primary treatment, a cost-effective strategy known as GOBIs (Growth control, Oral rehydration, Breastfeeding and Immunisation) (Wisner, 1988). The intention was to *allow a country* to accomplish a specific and observable target for public health effectively, by implementing such a policy with a combination of both horizontal and vertical thinking (an early "diagonal" strategy) (Knaul et al., 2015). This concept and strategy of merely allowing, encouraging and assisting is linked to the *professional logic of assistance* which was prevalent in that period of financial crisis at the beginning of the 1980s.

5.3 Paradigm shift further towards vertical

In the late 1980s, WHO's "Health for All by the Year 2000" programme (World Health Organization, 1985), struggled to catalyse the introduction of essential access through universal primary global healthcare.

This regression caused a significant *paradigm shift* from horizontal to vertical financing. Further funding for vertical health finance saw both success and failure: progress in concerted attempts to eliminate smallpox; failure in the 1980s HIV/AIDS outbreak and the strong perception that the global response was horribly insufficient. HIV/AIDS would not be limited geographically or demographically, as had been shown by previous epidemics (Sridhar and Clinton,2017).

5.4 Proliferation of new actors

But new approaches or major financial sources in the late 1980s and the beginning of the 1990s have not materialised for the fight against HIV/AIDS or the solution to other "vertical" problems (Ooms et al., 2008). The World Bank's 'World Development Report 1993: Investing in health' (WDR), which centred on Disability-Adjusted Life-Years (DALYs), was set out to further raise interest in vertical-compared-horizontal health financing owing to specific vertical disease involvement (Reidpath et al., 2003). While the DALY definition has been subject to critiques comparable to those that have traditionally been placed on vertical schemes, it has recently been included in the public health lexicon (Chen et al., 2015). In the transition to the new millennium, existing donors such as the USA and other G7 nations, and emerging donors such as *the Bill and Melinda Gates Foundation* (BMGF), looked favourably and *invested heavily in vertical initiatives.* This stage can be termed as that of 'the proliferation of actors". It signified a clear shift towards a *professional logic of integration* in the field.

However, there are also claims that an *unbalance in the distribution of power* might be created due to the enormous amount of funding from one single donor such as the BMGF (please see 2.1.6). Huge foundations such as the BMGF might start dictating global health priorities and consequently might lead to a lack of needs driven research. This means that

diseases that actually need funding might become de-prioritise in favour of diseases that are considered to be “sexy” and easier to address:

" The problem for me is the unbalance between the distribution of power…meaning…if you have now, like WHO being so dependent on funding from the Gates Foundation,…. I think that's when the problem starts to happen, because these big foundations will start dictating what the global health priorities should be…And …because they have the pile of money, what would inevitably end up happening is that all of the smaller players and the organisations that could be doing research that's very, let's say needs driven, end up changing their focus to a more funding driven kind of research, and then they deprioritise patient needs. "
(NonProfit Research Institution A)

The Millennium Development Goals (MDGs) of the United Nations in 2000 also set eight targets with a range of basic, often vertical metrics. The raised global health funds are targeted primarily at combating HIV/AIDS, malaria and TB. A 2008 review of the four main donors in global health observed that in 2005, financing per death varied significantly by disease area, ranging from US $1029.10 for HIV/AIDS to $3.21 for NCDs (Sridhar and Clinton,2017). This result indicates that donors do not focus their *decision-making decisions* on morbidity or mortality data alone. The study also found it hard to determine how all those funding resources fluctuate vertically versus horizontally in the health sector, since donors describe their assistance in a very *fragmented way,* and this incidentally represents the *lack of coordination* in the network (Clinton, Sridhar and Sridhar, 2017). As an example in countries such as Burkina Faso or Uganda, there are a multitude of donors (EU Member State representatives, banks, UN agencies) who each fund their own projects. A *lack of coordination* between the different donors, had led to country officials spending precious time monitoring and reporting to all the different donor agencies:

"...go to any country in Africa, there are 30 donors, I'd say in Burkina Faso, or in Uganda, there's 30 different donors or bank, EU Member States, the UN agencies who each fund the multitude of little things in health. And then they have those donor coordination platforms … it's just such a mess. And then they spend their time doing monitoring and reporting to all of

the different donor agencies. And every three years, the same circus, with new project coming in, and donors, not coordinating their approaches." (Philanthropic Organisation W)

In the late 20th and 21st centuries, new organisations were created, and with it *new relational networks*, representing both the vertical aspirations of member states and the dissatisfaction of the WHO leadership. The UN Joint AIDS Initiative, for example, was founded in 1994 as the principal proponent of global HIV/AIDS action. It is an organised association that *integrates* together eleven UN organisations that co-sponsor the extended response to HIV / AIDS; the aim was to help and improve the response to HIV/AIDS (Knight, Cleves and Davies, 2008).

The very first objective audit of UNAIDS outlined three reasons why it was created: firstly, the frustration of donors with the *management process* of the WHO, which included, in part, concern that the WHO could not handle the position of *collaboration* of rival UN HIV/AIDS agencies; secondly, the interest of donors in getting more significant *influence* over the use of their donated funds. WHO's lack of resources has been linked to their deficiencies in decision making and management processes (Seckinelgin, 2017). However, WHO is still considered by many field professionals to be the main authority on normative guidance:

"WHO, in a way is considered the authority on normative guidance. And their contribution, potential contribution, I think is always respected. But their practices are in normative guidance at headquarters. They definitely are the authority… at a country level and the input that they could potentially provide, I think their skills are strongly recognised, but they're often restricted because of their resources." (Independent Consulting Firm K)

Thirdly, the broader drive towards UNAIDS reform has been seen as a way to show the capacity of the UN as a whole to work more *effectively* on a joint work plan, and a shared budget between UNAIDS sponsoring agencies (Knight, Cleves and Davies, 2008). Researchers have also linked the roots of UNAIDS to WHO's *weaknesses* and the lack of *confidence donors* have in WHO's *efficiency*. These weaknesses and lack of efficiency can be attributed to excessive duplication of effort that has in turn led to fragmentation. This

fragmentation is due to the lack of communication between the multitude of specific teams that deal with diseases, health systems and economics.

"Well, as I say they operate in a very fragmented way. There's not always coordination between country offices or even within the Geneva office. They have disease specific teams, health systems specific teams, economic specific teams, these teams I've found in the past don't communicate very well with each other. So, there's a lot of duplication of effort. And that fragmentation causes huge problems for beneficiaries of WHO assistance, as well as international experts that are trying to work out a coherent strategy from one organisation where there are many different threads coming out of WHO." (Historic Academic Research Institution F)

Probably, at least part of the Global Fund history is also explained by the same logic. As already noted, the creation of the GAVI and the Global Fund shows that donors and others are *strongly committed* to *vertical approaches* that can *integrate* more funds than horizontal approaches by itself (it must be noted that horizontal approaches have been funded by both GAVI and the Global Fund; these programmes of health systems strengthening enhances their fundamental vertical work) (Sridhar and Tamashiro, 2009). The Global Fund and GAVI are the two main examples of the growing *public-private partnership models* to tackle major health challenges. More than two hundred important global health players, including 18 structured government-private collaborations, with several heavy vertical emphasis were listed in a research in 2015 (Sridhar and Clinton, 2017).

5.5 Relevance of partnerships in the network of GHIs

5.5.1 Partnerships within the GHI network

Beginning at the end of the 20th century, professionals in the GHI field were increasingly faced with new *relational networks*. States, NGOs, wealthy corporations and other non-state players have been widely regarded as critical frameworks for solving significant global governance challenges.

The first realm of global health to try significant 'experiments' has probably been in this field, particularly with regard to *infectious diseases* (the Global Fund), child vaccines (GAVI) and food security (GAIN). These collaborations form the new relational networks. They include guidance about how best to solve other health issues, such as NCDs, are also called "publicprivate partnerships" (Aerts et al., 2017).

Professionals in these *new relational networks of GHIs* have, as a main objective, the development of a better approach to health issues such as NCDs, and they are sometimes referred to *as 'Public Private Partnerships' (PPPs)* (Buse and Tanaka, 2011). The rise in PPPs also provides insight into how *conventional organisations*, such as the WHO, will have to respond to the complexities of the 21st century in order to maintain their legitimacy. This could range from adopting *practices* such as planning for whatever disease or pandemic will arise next, to collaborating with emerging countries on improving functional health services and implementing health insurance policies (Ruckert and Labonté, 2014).

The scope of these new *relational networks* with respect to professionals working in global health involves multilateral organisations, described as including two or more governments (e.g., WHO), bilateral organisations, usually defined as one country providing directly to another government (e.g., the UK Department of International Development [DFID]), regional agencies (e.g., [PAHO]), financial structures (e.g., the Global Fund) and cooperative bodies (e.g.UNAIDS) (Ruckert and Labonté, 2014; Sridhar and Clinton, 2017)

5.5.2 Conceptualisation of partnerships in the GHI network

There are also *combinations* that offer funding channels as well as direct programmatic assistance (e.g. GAVI, the Vaccine Alliance, formerly the Global Alliance for Vaccines and Immunization). PPPs are the newest and potentially the *most innovative* method of *relational network related* in the field of GHIs (Reich, 2018).

There's no single definition of what constitutes a PPP. Such a collaboration, generally speaking, entails financial and/or in-kind contributions by non-state entities such as companies or foundations to develop public programmes (Rushton and Williams, 2011). Ideally, the collaborators *have mutual goals* and a *joint integrated approach* to attaining those priorities. Sonja Bartsch,2016, for example, describes PPPs as output-oriented *integration* between local, national, transnational and foreign players in the public, private and NGO sectors. This alludes to a *professional logic of integration* which represents an evolution of the overarching professional logic.

Wolfgang Reinicke and his associates, use the term "Global Public Policy Networks," which refers to *links developed* between the public sector and two other societal fields; business and civil society (Nayak, 2019).

These so-called tri sectorial networks *integrate* highly diverse communities together to discuss problems that no industry in itself can overcome. The Gates Foundation refers to "Global Health Alliances" rather than PPPs, which are programmes involving two or more organisations distinguished by common priorities and decision-making, *collaboration* or resource mix, as well as some mutual responsibility (Harman, 2016). This indicates the growing trend of more private sector involvement in global health issues:

"It does seem that the trend is to actually have more private sector involved in in the sort of more global health issues which comes with interesting points, both positive and negatives. I've always worked more on the third sector, which is not even public or private. So, they have the governmental, even inter government being public, then you have …private sector profit commercial and they have like the third sector with NGOs and sort of philanthropies." (Philanthropic Organisation O)

Using Kent Buse and Gill Walt's (2000) description, it can be perceived that global public-private partnerships in health are that of joint alliances that cross national borders and *integrate* at least three types of actors, including a business (and/or sector association) and an intergovernmental body, in order to accomplish a common purpose based on a mutually negotiated division of labour.

Roy Widdus (2001), continues that all relationships must be *result-oriented*, with characteristics of the joint venture, such as mutual interests, mutual risk-taking, shared decision-making, commitments from each participant and advantages for each participant along with clear *control mechanisms* to achieve desired outcome. The increasing participation of the private sector has paved the way for control mechanisms such as KPIs, timelines, and budgets to be implemented in the management of health programmes. The aim of these mechanisms is to maximise impact and efficiency:

"It does seem that we are progressing in the direction of more participation of nontraditional actors rather than the public ones, so being more efficient, sort of bringing in the practices of the private sector is so good, for example, programmes are being managed way more on performance indicators, KPIs, timelines, budgets; it's all looking at maximum impact and maximum efficiency." (Philanthropic Organisation O)

Formal control mechanisms, such as KPI' and timelines symbolise this corporate approach to the problems in the global health system. GHIs have thus imported key concepts from other settings to incorporate in the global health field. This can be interpreted as an increase in the responsibilities for professionals in the field. Furthermore, there might be a degree of frustration in some individuals as professionals are now exposed to stricter accountability mechanisms.

5.5.3 Growth of partnerships in the GHI networks

Whatever the definition, it is unquestionable that the *funding available* to support PPPs has exploded over the last two decades. As a remarkable example of this *increased attractiveness* of PPPs from 2012 to 2013, USAID increased its PPP investments by almost 40 per cent, causing more than $380 million to be leveraged from private sources by USAID-funded programmes. The European Union has also issued more and more research proposals co-financed by the pharmaceutical industry and philanthropy that demand successful candidates forge alliances and *relationships* with clear public objectives for public-private applications (Sridhar and Clinton, 2017).

One of the main reasons for PPPs targeting HIV/AIDS (Global Fund) and vaccines (Gavi) has been the idea of *commercial failures* (Pereira, et al., 2020). In the late 1990s, amid the shockingly strong demand, vaccine prices remained high. This also referred to antiretrovirals, the primary cure of AIDS-causing HIV or human immunodeficiency virus. Anti-retroviral costs were between $10,000 and $12,000 per patient a year in 2000. In Sub-Saharan Africa, less than 50,000 people got the requisite medicines to help them survive and be well, even though over two million people died of the epidemic during that year (Sridhar and Clinton, 2017).

The emergence of the Global Fund would not be the first attempt to change the antiretroviral market from a *volatile high-price – low-volume to a competitive high-volume – low-price* (Lee et al., 2016). Indeed, a *collaboration* formed in 2000 between the United Nations Children's Emergency Fund (UNICEF), the WHO, UNAIDS, the World Bank, the United Nations Population Fund (UNFPA), and five major pharmaceutical firms with HIV/AIDS medicines, was formed to make these medications more available for low- and middleincome countries (World Health Organization, 2019). By 2001, significant *price reductions* were apparent.

The introduction of the money from the Global Fund to further *incentivise* price reductions in exchange for further drug transactions was key. Public-Private health collaborations now operate for a number of reasons including *offsetting or mitigating business loss*, such as; (1) *finance*, exemplified by the *Global Fund* to Combat AIDS, TB and malaria; (2) *medication*

distribution and technical assistance, such as Merck's Mectizan Donation Programmefor onchocerciasis or river blindness treatment;(3) *lobbying*, such as the Roll Back Malaria Partnership which involves WHO, UNICEF, the United Nations Development Programme(UNDP) and the World Bank, and; (4) *awareness mobilisation* for better action as in the UK/GlaxoSmithKline Alliance for Save the Children (Sridhar and Clinton, 2017).

The *health care innovation* environment (Munoz et al., 2015) involves numerous players interested in the production, distribution and technical assistance of medical drugs. This can however lead to misalignment of *management objectives and practices* in the field. For instance, GAVI and UNICEF have divergent management and reporting lines. This can lead to a lack of coordination and communication:

"GAVI oftentimes doesn't work well together and on the ground with UNICEF, it shouldn't be the primary, you know, partner because they're working with children. So, because yes, again, the management lines are different. The reporting lines are different. So a lot of times I've heard from people who work and I've seen that when I was working with MSF in the fields, like, you see that they only find out about what the other is doing when they had the public reports." (Non-Profit International Agency A)

In this sense, it is important to point out that the distinguishing characteristics and operational nature of the PPP, make them radically different from other R&D-focused organisations in the health innovation model.

Since PPPs operate on a non-profit model, they *rely on donor organisations* to finance their R&D projects and initiatives. Public and philanthropic investors who have acquired *legitimised identity* in this environment, calculate returns on profit from a *different perspective* as opposed to that of pharmaceutical sector owners or venture capitalists in the biotechnological R&D paradigm (Moran et al., 2010; Lezaun and Montgomery, 2015; Pereira et al.,2020). It is known that philanthropists and public donors do not apply the same leverage as entrepreneurs and venture investors and instead are more involved in *promoting the production* of final output-medical goods, produced to satisfy unaddressed health needs (Moran and Stevenson, 2014). This different perspective which is a clear focus on the

production of final output-medical goods has led to private foundations such as the BMGF to invest in different malaria innovations. These include innovations where insecticide bed nets are treated with a chemical that prevents mosquitoes from flying. There are also advances related to the genetic modifications of mosquitoes which prevent malaria transmission:

"Gates is working on a number of different malaria innovations, from trying to come up with things that are more effective than the current market of insecticide treated bed nets, they were investing in some interesting options where the net actually is treated with a chemical that doesn't allow the mosquito to fly anymore, they're investing in genetic modification of mosquitoes that can try to prevent the transmission of malaria. They've invested a lot in water, sanitation, and toilets, honestly, which are really critical." (Non-Profit PPP R)
Because they are *outsourcing and subcontracting* R&D, PPPs just have to pay for services to scientists participating in scientific operations, and *contract research* and manufacturing companies actively involved in research, clinical trials and fundamental manufacturing processes. This strategy helps PPPs to reduce the expense of product design and development, and thus legitimises the *identity* of partners such as *contract research* institutions. In this context, Chataway et al. (2007) suggested that PPPs also serve as *integrators* across a variety of private and public sector organisations, putting them together in the framework of the medical product development and distribution process. This extensive stakeholder engagement with contract research institutions can be linked to the *professional logic of integration*. Decision making processes in the field are hence now more evidence based, transparent and systematic. This relates to the objective of GHIs to deliver impactful results with maximum efficiency:

"..essentially, what we do is broadly technical assistance. When governments are setting a strategic plan or their priorities moving forward, they tend to have the timeframe, like a five year time frame, and in that period, before setting what the goals, what the sort of targets are going to be and priorities moving forward there's a set of processes. So there's kind of wide literature that's grown around the idea that you need, you know, for effective priority setting with decision making, you need to have something that's evidence informed, transparent and systematic. And that has, you know, extensive stakeholder engagement, " (Academic Research Institution B)

Partnerships, like PPPs, in the GHI network also exploit donations in the form of contributions in the 'in-kind' *model*, including pro-bono human capital resources and access to patented molecular databases, from *private investors* in particular major pharmaceutical firms (Grace and Britain, 2010).

In certain cases, considering the value of funding and its availability, PPPs have *revived dormant or abandoned research* produced elsewhere for product development. In other words, PPPs concentrate on the *practices* of production of reprocessed products rather than new chemical entities (NCEs) (Pedrique et al. 2013). Professionals working for PPPs have also repurposed tools and devices that were initially used for a single disease. Professionals now seek to *integrate* these devices in other programmes, so that they can be used to address different diseases as opposed to a specific disease:

" Another example might be integration. So previously, where there could be a device that could test for TB and early infant diagnosis for HIV. That was only previously used for TB because they were procured by the TB programme. So the increasing push, so to speak for devices like that not to be siloed, in one programme, they're going to be expected to work also for HIV. And if they can do like, the Kinect machine can also do other diseases, that's the kind of device that's going to be more popular because it can meet the needs of multiple people with different diseases rather than just one group" (Independent Consulting Firm K)

The two reasons restricting the PPP 's willingness to concentrate on New Chemical Entities (NCE) development are: (a) PPPs don't possess financial and technical capacities in-house in order to create new NCEs, and thus must maintain their *interactions* with the funders and negotiate field work with their operating partners; (b) new medications must be available to those who use them the most and be inexpensive (Ferreira and Andricopulo, 2019). Consequently, PPPs are not competitive in terms of producing new products, but in the creation of viable and inexpensive products. This might result in PPPs needing to work with

independent firms to calculate estimates of the uptake of medical products to be distributed in disease-endemic countries:

"R&D is not an area we work specifically in. But in terms of development, we would be, I guess, the closest example might be one UNITAID. If they are trying to bring in a new product, we would look at which product that was, what the uptake was, like in countries where the donors are subsequently taking that product forward. What we wouldn't do is look at specific process of actually developing the product in the first place to end at the point of, of trying to get it scaled up and countries to stimulate some demand to then get it scaled up." (Economic Health Policy Institution A)

To conclude this section, it can be said that PPPs are important partnerships in the GHI network. As they are non-profit organisations, it can be found that the PPPs are on the one hand dependent upon their financiers for financial purposes, and on the other side, dependent upon the discovery and manufacturing of new medicines in large and small pharmaceutical, diagnostic and life science firms (Pereira et al., 2020). The potential of PPPs to deal with these two sets is crucial in designing innovative treatment options for emerging, new infectious diseases while preventing disastrous scenarios (Aerts et al., 2017). PPPs are increasingly being impacted by private foundations. The increasing trend of a corporate approach to global health issues has meant that PPPs in the GHI network need to integrate *different partners* in the field, such as *independent* consulting firms. These firms play an important role and help to provide viable and inexpensive medical products that could be used in disease-endemic countries. This alludes to a professional logic of integration:

"So… is an economics and public policy consulting firm, and which we have a global health practice, the global health practice does a variety of work across a number of areas, which if you want specific details, you can have a look at our brochure on our website. But we do work for a number of organisations, which I think it's I would say, the majority of my work would be the organisation which are impacted by private foundations such as the Global Fund and GAVI and WHO and others who receive funding from them. And then some of our work is also directly contracted to some private foundations" (Independent Consulting Firm K)

The growth of partnerships to now include Independent Consulting firms is a clear indication of the collaboration that takes place in the global health system through the GHI networks. The increasing role of private foundations in the network is clearly evident.

CHAPTER 6. Findings and analysis: Phases of the logic evolution process

6.1 Introduction

The phases of change studied in this thesis, as illustrated above, extends approximately 40 years, from the early controversy at the end of the 1980s to the new trends in the late 2010s. Several players in this time frame championed new concepts and connected them to existing trends in other areas building momentum for the transition. A variety of players were involved in the transition process; however, the non-state actors were the most prominent proliferation agents. As detailed in the previous section, at key points in the transition journey these non-state actors played a prominent role.

Working out field-level logics is a more detailed mechanism at analysing institutional change. It is invested with formulating new (professional) identity and promulgating a (professional) legitimacy. These lead to the legitimising of identities across organisational processes and associating them with unique practices (please see Figure 10 on p.82). By legitimising the identity of the professional in the field, the proliferation agents wanted to frame the concept of improvement in health, socialise it with professionals and incorporate it into an existing structure (i.e. the overarching professional logic in Global Health Initiatives), thereby evolving the logic. This shifted the relationships of all those that enact the philosophy of working in the field.

Throughout the process detailed above, the evolution of professional logic occurred. Commercial failures led to the proliferation of actors among which non-state actors played a prominent role. The non-state actors facilitated the legitimisation of the identity of the professional in the GHI field. The change process produced new control mechanisms and relational networks which empowered non-state donors to behave in a certain manner. The change process validated non-state donor activities and developed new models. These new models were based on a more corporate approach to global health issues.

6.2 Triggers of metamorphosis

The analysis will begin by looking at the factors that triggered the metamorphosis of the field of GHI. Before the advent of the new GHIs, centred on integration of Public-Private, the

professionals working for the health initiatives structured their practices around a professional logic of assistance. The proliferation of non-state donors, based on collaboration, gradually changed such a logic of assistance. The professional logic of assistance was not abandoned, but it could be termed as having evolved into a professional logic of integration.

6.2.1 Drug provision failure leading to shift in mandates

The initial trigger was related to commercial failures in the field of medical products for neglected diseases. These failures in the field of neglected diseases started from the fact that there were no clear details on the overall magnitude of the pharmaceutical companies' R&D spending in medical products. Although R&D expenses have soared over the previous two decades, pharmaceutical companies' sales have grown six times faster, with net after-tax income significantly higher than income for all other Fortune 500 firms (Light, Lexchin and Darrow, 2013). At the same time, in the pharmaceutical companies, the average pace of technological development has dropped. After the 1990s, the amount of overall licensed medicines has declined, although many are “me too” medicinal products and are no major new chemical (or molecular) entities. This void in terms of technological development of medicinal products for neglected diseases, culminated in the proliferation of non-state entities in the GHI field bringing with them new relational networks and control mechanisms that professionals in the field had to contend with. The professional logic of assistance evolved towards a professional logic of integration, leading eventually to a *change in the mandate* for previously dominant actors such as the WHO and the UN:

“So say I think the UN does have a role to play, not in everything. But I think in particular, for WHO which is a technical body, if they keep their policymaking technical body and if they kind of don't go into I know for instance, they are sometimes involved in emergency sometimes not, you know, that they're not the best donors, I think, and their administrative processes are a really difficult I worked for them for a while and they you know, it's a nightmare, but I think if they can, if they can get their admin under control, and if they can become a little bit more, you know, agile and then stick to their mandate, you know, be the policy, the technical kind of go to organisation. Then I think they have a great future.”
(Nonprofit PPP, M)

As can be seen in Figure 10 (see p.82), drug provision failure is an important reason when considering the triggers of change in the global health system. As detailed by the informant, this has impacted the WHO in a significant manner. The one-time leader is now required to become more agile, and engage in a review of its administrative process, if it wants to stay relevant.

6.2.2 Limited funding sources/investment incentives

Another key *trigger* of this metamorphosis was the limited amount of funding sources. For the prevention, control and removal of disease, new medical products are important. In contrast with the health consequences of these diseases, the level of investment in new medicinal products that tackle neglected diseases is *insignificant*. The disparity is obvious if we look at the amount of research and development output, firstly, as compared with global R&D spending towards all diseases and the health impact of neglected diseases and, secondly, as opposed to other diseases, the number of new medicines for neglected diseases. This failure of provision was attributed to the lack of resources for the WHO. This meant that they had limitations with regards to financing, recruitment of a skilled workforce and lobbying activities:

"So, I think everyone says, all we'd love to have WHO chose and put on X y and z or it might be invited to meetings, etc. But in reality, they're just not able to contribute as much as they potentially are skilled to do, because they don't have the resources for salaries, etc, to do it. And, and I think the main, the main challenges is funding." (Independent Consulting Firm K)

"Obviously WHO does continue with its struggles when it comes to being too big to actually manage, trying to be everywhere and nowhere at the same time. I think it still has problems, but it will, I think take time to get to a place where it needs to be.." (Philanthropic Organisation O).

A report found that global investment in research into neglected diseases in 2010 (approximately US$ 2.4 billion) was just one per cent (US$ 240 billion) of overall health R&D expenditure (Røttingen et al., 2013). Neglected diseases funding has risen marginally from the estimated 2.8 billion US dollars of 2005 (Global Forum for Health Research 2008) to the 3.045 million US dollars of 2011 (Schäferhoff et al., 2019). The main funding sources

are public donors, totalling US$ 1.9 billion in 2011, and philanthropic donors, totaling US$ 525.1 million in 2011 (Schäferhoff et al., 2019). Due to the reticence and/or lack of funding of pharmaceutical companies and universities to fund neglected diseases, private foundations such as the BMGF have gained prominence:

"…. Pharmaceutical companies or universities wouldn't really necessarily have money to fund for example, I trained at Oxford and my Vaccine Institute was a kind gift from the Gates Foundation." (Philanthropic Organisation U)

Companies are typically investing in R&D and expecting to raise profits from the sales of new medical products. They fund R&D through their own capital (profits) and through public funding mechanisms, such as tax cuts and grants. However, companies usually spend less than the R&D amount which is socially optimum. The reasons are high risk and cost, R&D funding problems, and the proportional reimbursement of R&D returns (Nelson, 1959, 2009).

Another trigger of change is related to the fact that private sector actors in the new GHI field will wait for the price of a drug to become set, and that provides them with *an incentive to invest.* Non-state actors step-in to privatise incomplete publicly funded research, and take it to the later stage such as clinical trials and diagnostics. These non-state entities will then retain all the profit, from the sale of the drugs, or in some cases, diagnostics:

"… So one, you've got significant public and philanthropic funding which goes into medical research, often not really fully recognised, and whenever the price of a drug become set, because what often happens is you have the private sector steps in and essentially privatises the publicly funded research, takes it through later stage clinical trials and then essentially retains all of the benefit of the of the drug from the sales of the medicine or the diagnostic or whatever." (Public Global Health Agency R)

Henceforth this key trigger of limited funding needs to be highlighted. It helps to explain and understand how non-state donors found a gap to step in the global health sphere. Over time, the influence of non-state donors has grown and they have played an important role in the logic evolution process (please see Figure 10 on p.82).

6.2.3 Power vacuum

A vacuum was created in terms of the development for new medical products for neglected diseases. In contrast with other diseases, the low number of new medical products for neglected diseases shows the significant void in the area of research. A major analysis has shown that in the period 1975–99, there were 1,393 new medicines accessible to the public (with the exception of vaccines). Neglected diseases (Troullier et al. 2002) however, have received just 16.

A recent study found that of the 850 effective treatment products recorded for 2000-2011, only 37 (4 per cent) for neglected illnesses were mentioned, including 25 new indicated products or formulas, and eight vaccines or biologic products (the NCEs and the new indices, the new formulations and the combinations of fixed-dose products and the use of vaccines and biologicals).

This vacuum was one of the key *triggers* for the proliferation of non-state donors in the GHI field; the entrance of GAVI has enabled low income countries to have access to vaccines and medication at affordable prices. Due to these new *relational networks,* professionals working in the field have had a significant impact on the provision of vaccines in low income countries: *"But, you know, like, the malaria vaccines, for example, would have never taken ground if the new resources were not there. The level of vaccines even if you think about GAVI, prior to GAVI entrance, most of the low-income countries didn't really have access to or never would even have thought about having vaccines like PCV, which are quite expensive. But now you do have a lot of countries that haven't been able to introduce and scale up PCV vaccines, same thing with HPV. So on the whole it is really did have a very good impact on the world of development of helping these low income countries."* (Non-Profit PPP J)

It has also been pointed out that there is a level of acceptance from private foundations that there will be failures in the space of health innovations. It is known that private foundations do not apply the same leverage as entrepreneurs and venture investors, and instead are more involved in the ideology *promoting the success of the production* of final output-medical goods:

" And sometimes investing in innovation means failure, and so that you can learn, and I think foundations have done a really good job in filling that space and investing in innovations that, when working can then be funded by agencies like the Global Fund." (Non-Profit Agency R)

However, there are some concerns that have been raised. Low income countries can become too dependent on donors for the provision of medical products. The proliferation of multiple donors has created many parallel structures that face possible collapse when countries move from low income status to middle income status. In such cases, low income countries will no longer be eligible for funds from donors. The resulting impact is that there will be nothing in place to sustain the provision of health services in those low to middle income countries. As such, these new relational networks do have certain disadvantages:

"And if you look at programmes from the global fund that have been disease specific. It has worked from a humanitarian perspective, but from a development sustainability perspective, it's a disaster. They've created parallel structures in a lot of countries. It's donors that are funding the provision of drugs. And once a country graduates from its low-income country status, and becomes middle-income countries no longer eligible for international funds, and then there is nothing in place to sustain the provision of health services." (Philanthropic Organisation W)

Other concerns have been raised relating to the disproportionate influence held by the BMGF in this global health setting:

" I think there's a real danger. And I think this stems from the way that WHO has been funded over the last kind of, you know, 10 or 15 years, where they have lots of country governments basically Member States haven't been funding if. And they have been ring fencing their contributions to specific projects that they have particularly interest in. You know, , in part creates the power vacuum, but given the power vacuum, that allows entities like the Gates Foundation to step in and have a disproportionate influence over the organisation.." (Public Global Health Agency R)

The huge amount of resources poured by the BMGF into the GHI field has made the BMGF an important and influential player in this sphere. They have seized the opportunity to fill this power vacuum by investing considerably in health innovation technologies. As such, the power vacuum in global health is a key sub-factor in the triggers of metamorphosis (please see Figure 10 on p.82).

6.2.4 Creating alliances to acquire legitimacy at the global level

Another factor that triggered this emergence of the GHI field was the creation of alliances on the global level. This can be deemed as a quest to acquire legitimacy on the global stage.

The developments in the GHI field are exemplified through this growing group of self-governing, non-governmental private sector organisations. Partnerships in the production of medical products (PPPs) have created numerous new treatments and therapies in the form of redesigned or reconfigured variants of approved medications, vaccines and biologics. They have developed major R&D programmes, including new chemical entities (NCEs), and many new vaccines and drug candidates are in the pipeline. Many PPPs are not engaged with in-house R&D but work through external cooperation.

In order to implement R&D initiatives, PPPs raise funds from philanthropic and government agencies, and create *alliances* with various public and private organisations (including academia and public research institutes, pharmaceutical companies, biotechnologies, and other private for-profit businesses such as contract research organisations). This inclusiveness of PPPs to external R&D may seem to represent a similar pattern in the drug and biotechnology industry (Juliano, 2013). However, PPPs still maintain a strong association to their non-profit role in promoting research and development collaboration. This creation of alliances has paved the way for professionals to operate through *the new relational networks and* has thus contributed towards the engagement of new practices. Initially the field was organised around a professional logic of assistance centred around the WHO. Following the proliferation of non-state actors, the logic evolved towards a professional logic of integration, which was centred around alliances and partnerships. Global

Fund and GAVI, for instance, don’t have a presence in disease-endemic countries. As such, they work through *alliance members*. A key drawback of this absence of country offices for Global Fund and GAVI is that both organisations seem to lack a unified vision in terms of

their practices. Global Fund and GAVI are accountable to a multitude of donors. In comparison, PEPFAR's programming is driven by Washington D.C:

"So the Global Fund, I think it's very similar from GAVI, they don't have a presence for the presence in the country, they work through Alliance members. So you know, their programmes were a lot less unified. And the vision was a lot less clear on the ground than PEPFAR'S. PEPFAR's programming, which was very, centred on, you know Washington DC wanted to get out of those programmes, and it was very unified across the board through all the countries…Because they also had a presence in country, their partners, also have, you know, are very connected with the country offices in country, whereas the Global Fund didn't have that level of detail in there." (US Government Agency J)

The creation of alliances must also be considered as an important sub-factor in the triggers of metamorphosis. They have thus been included in Figure 10 (see p.82) as they pertain to alliances. Alliance creation is vital in the process of collaboration in the GHI network and in the subfield of PPPs. Figure 10 (see p.82) is a logic diagram which depicts the outcome of the analysis from Chapters 5, 6 and 7.

6.3 Reconstitution of sources of legitimacy and identity

The evolution of logic continued with a reconstruction of the sources through which the professionals'' identity are legitimised in the field. They had the ability to connect the existing feelings into a new framework and the ability to create something different in line with the evolving needs. There was a constant drive to legitimise the identity of the professionals in the GHI field.

6.3.1 Legitimising identity through success stories

The gathering of data is seen as a key *source* for legitimising the identity of the professionals in the field. Data metrics has allowed, for instance, the board of major PPPs such as the Global Fund to set the criteria (Lee, et al., 2016) for deciding which countries are eligible to qualify for funding under the Global Fund. Validity is primarily calculated by an income level matrix (data taken from the World Bank), and high disease prevalence (data derived from WHO and UNAIDS) (Sridhar and Clinton, 2017).

Low-income countries are entitled to apply for all sorts of grants from the Global Fund. These grants cover: HIV/AIDS, TB, malaria and improvement of the health systems. The eligibility of middle-income countries is calculated by their total HIV/AIDS, TB, and malaria burden on the disease. Additionally, countries with elevated disease burdens in vulnerable communities are entitled to apply for Global Fund grants in those regions, even though they have lower disease burdens in the general population; for example, to treat elevated HIV/ AIDS rates among sex workers (Sridhar and Clinton, 2017).

Sridhar and Clinton (2017), go on to specify that the estimated funding for each disease is assigned to each qualifying region, depending on income levels, the incidence of disease, and whether the rate of infection is projected to rise or decrease among other factors.

125 countries are entitled for or presently accept donations from the Global Fund as of 2015, and the latter includes qualifying countries with Global Fund recipients and NGOs also receive funds under specific transitional arrangements (Sridhar and Clinton, 2017). GAVI explicitly provides grants on the basis of national income to the State Governments.

Again, by 2015, GAVI applicants were entitled to demand GAVI funding in countries with Gross National Incomes (GNI) per capita of less than $1,580. This shows a clear upward trend, since GAVI applications had a GNI limit of $1,000 before 2010. Historically, the additional vector disease risk or penetration rate of vaccination to assess eligibility have not been complementary (or complicating from the national perspective).

According to the report by Sridhar and Clinton (2017), the Board agreed that the current DPT3 funding should only be provided for countries with at least 70 per cent DPT3 coverage, as defined by WHO/UNICEF, though GAVI has for some countries waived this requirement. No such limits were set by GAVI in the countries that are pursuing inactive poliovirus, meningitis A, yellow fever, HPV, rotavirus, Japanese encephalitis, or vaccine protection for measles-rubella. As of 2015, 52 countries already have the right to apply for at least one form of Gavi support. The current organisations are collaborating on a range of issues with nearly every nation worldwide, while the World Bank is engaged in a projects-by-project basis, with countries that follow the various IBRD and IDA income and credit requirements respectively.

All these data gathering processes are important sources for legitimising the identity of the global health professionals working for Global Health Initiatives. This also demonstrates that attempts were taken to homogenise the processes, thus increasing the fields and the organisations' own credibility. Finally, the incorporation of R&D-related practices culminated in the establishment of an appropriate subfield, the PPP subfield, which has allowed for improvements to be made in the field of medical products for neglected diseases. Consequently, the use of data is of importance. It allows the legitimising of the identities of the professionals (see conceptualisation of professional in 2.1.3) in the field:

"So a lot of them have data managers in the fields and they outsource Data Manager. So we have sometimes a lot of good quality data because again, data for them is very important, because they want to use this data for you know, communicating and for, you know the PR purposes, so they need to have the data " (Non-Profit International Agency A)

As detailed above, the BMGF is a major non-state donor of a Global Fund. This legitimisation of the identity of professionals working for the Global Fund allowed big private foundations, such as the BMGF, to further proliferate their own legitimacy and identity in the field. Since the real return on investment for the BMGF is really publication and theorisation, the gathering of data and its implementation as detailed above is an important source of legitimacy and identity:

"You know, people do different things differently. The Gates foundation, part of it's return on investment You know, it's really publications. So where people will say my return on investment is going to be x percentage of your profits? The Gates foundation doesn't do that. You know, even though they have some kind of strategic investments. Where, you know, is more or less like for profit? Oftentimes, your return on investment is really publication. So that people will know, you know, the benefits of that research, you know, and is publicly available." (Non-profit Organisation U)

The use of success stories to legitimise identity of the professional in the field, is the first sub-factor pertaining to the reconstitution of sources of legitimacy and identity. New sources of legitimacy, and identity are key characteristics in the institutional logic discussed in this thesis. They are thus present in all the logic diagrams (please see Figures 9,10 and 11). These logic diagrams have been integral in the construction of analysis and theory in this thesis.

6.3.2 Strategic communication with the field to inseminate new practices

To further consolidate the identity legitimisation process of the professionals operating in the GHI networks, the aspect of communication has been found to be a crucial source of validity.

Support for PPPs in the long term is not guaranteed. PPPs are extremely vulnerable to funding volatility, particularly in the event of economic recessions that impact both governments and funders. Taking into account the economic downturn since 2008, public and donor funding to partnerships in the GHI network is estimated to have dropped by US$ 128.7 million (Policy Cures, 2012). Considering the ongoing COVID-19 pandemic, GHIs must spend significant resources in marketing and in strategic communication. This strategic communication is important, as it enhances the reputational perspective of the professionals in the field. Furthermore, successful communication of positive outcomes of research can lead to policy and practice change. The ultimate objective would be to create more engagement from the general public. This would further consolidate the process of legitimising the identity of the professionals in the GHI network:

"... one of the big priorities we have is to make sure that we communicate that research properly, the things that we're funding, the outcomes of research, so that not only that is used

to change policy and practice, but actually it's engaging the person who is just passing by the street…So I think it's really, really important not only from a reputational perspective, but also to break down our mission and vision into things that people actually find useful and things that are actually going to benefit their lives. So it's extremely important. A lot of the companies I know and other foundations do that sort of model….I think it's extremely important, especially in the 21st century."(Philanthropic Organisation O)

The proliferation agents in the field worked at legitimising the new identity among those who work in the GHI field. The development of partnerships by integrating services offered by field collaborators has established a new professional identity. This has altered the definition of professionals (please see 2.1.3) in the GHI field. The reputation of professionals was no longer affiliated with "being second-order experts", who offered support or merely references. This process of *legitimising the new identity* was propagated through the use of *strategic communication.* This was key in detailing the different successes that have happened due to the creation of these new GHIs:

"they need to definitely make a lot of noise about what they're doing. Because, one, it's amazing. And secondly, is inspiring. Thirdly, it's so impactful. You know, it's going to really show which shows a totally different engagement with people and these issues. And if they don't talk about it, somebody else will talk about it in a very negative way." (Pharmaceutical Company Q)

The portfolios of PPPs, in R&D, are mainly in the initial stages (development and initial clinical phases), with significant exceptions. As initiatives move toward larger clinical trials along with overall funding requirements, the expenses rise dramatically. To raise new investment, they need to undertake *publicity and lobbying* activities. As explained in 8.3.4, the use of data to publish allows PPPs to share their success stories, and hence is key to *legitimise identity*. The *sources* of legitimising identity are further expanded by the use of *publicity and lobbying* to attract new investment. The Global Fund replenishment cycle takes place every three years. In the year of replenishment, the push towards recording and releasing results to the field is described as being “paramount”. This allows initiatives, such as the Global Fund to strengthen their legitimacy and identity in the field:

"It's paramount. And it's the reason that we release our results report every year. And that is driven primarily by the evidence from our investments and not and we've moved well beyond sort of output, and outcome-based results recording, and really now moving much more solidly into reductions in mortality and impacts level for recording of results. In fact, we are releasing our next results report in, I think, next month, if I'm not mistaken. And we go through our replenishment cycle, which is when our donors replenish our funding for the next three-year period, is this year. And so, in the year of a replenishment conference, there's always a bigger push than in the off years in terms of recording of results." (Non Profit PPP R)

Estimates of the total necessary funds for completion may not be appropriate. Certain PPPs are still battling to obtain the projected funding needed for their Phase III projects (as is the case with DNDI estimates) (Tuttle, 2016). In addition to *lobbying* for increased resources, certain PPPs have also been experimenting with new methods to acquire funding. Placing success at the centre of their *communication* is a crucial aspect when analysing the *source for legitimacy and identity for* the professional in the GHI field:

"Our strategy in the past, in at least in the past four or five years has been placing the countries that we're investing in and their successes at the centre of our communications about our results." (Non-Profit Agency R)

The sub-factor of strategic communication and sharing of success stories is thus very relevant in the field. It aids in enhancing the reputation of the GHIs in the global health system. Additionally, strategic communication seeks to engage more public involvement in issues pertaining to global health. Furthermore, sharing of success stories via strategic communication, strengthens the legitimacy of GHIs in the eyes of major donors and key opinion leaders.

6.3.3 Legitimising identity through positioning strategy

Legitimacy may be defined either as a mechanism, as inclusivity and transparency (input legitimacy), or as effects, such as life and money-saving benefit (output legitimacy) (Mena and Palazzo, 2012). Some say that there is an intrinsic compromise between the validity of input and output, but it is yet to be extensively studied (Atalay, 2018). I do not agree that organisations can not adhere to all levels of credibility, and as such they should be kept accountable to them.

Critics contend in terms of input legitimacy that GHIs grant corporate companies a seat at the table — such as in the Global Fund's Board to Combat HIV/AIDS, Tuberculosis and Malaria, and GAVI — resulting in goals that are more geared to their needs than that of governments and their people. The methodological problem in this analysis is whether it is possible to distinguish between GHI challenges and any other focused initiative (public, private or general), and challenges general to all externally supported initiatives in developed countries. In such cases, are there special features of GHIs? It is impossible to predict. Civil society organisations, for instance, have denounced entities such as, the US Presidential Emergency Plan for AIDS Assistance (PEPFAR), and the multilateral World Bank, for being dominated by *corporate interests*. This positioning strategy by the non-state entities can be seen as a key component in the process of reconstructing the legitimisation of the professional's identity in the field.

The requirements of the emerging professional identity have been legitimised by the updated standards that outline the competencies required (including their duties and responsibilities). Proliferation agents, such as the BMGF, succeeded at socialising professionals in the GHI field to this new culture, by planning and improving the various services steadily. This positioning strategy is key for non-state donors such as the BMGF:

"For example, Gates being one of them, who come from, you know, corporate experience, which is about fundamentally driven by developing clear strategies, tackling specific issues. And, essentially that thinking brought into the private foundation as well they tend to use that kind of positioning strategy thinking where you know, they position themselves and address

certain issues. So Clinton Foundation, for example, is largely around vaccinations". (Nonprofit Organisation V)

Through their positioning and aligning with independent university offices and the formation of professional societies and the legal acceptance of new practices in the field of medical products for neglected disease, the BMGF have uncovered a potent *source to legitimise the identity* of the professionals. Using these *sources*, they intended to raise the social standing and reputation of the professionals in the field and motivate them to engage in more practices:

"But there is a constant fight to increase the legitimacy and increase the voice of the private sector within all of those multilateral organisations. And yet, that's, in the governance architecture of the Global Fund. It's also across GAVI and the other kind of global health multinationals." (Public Global Health Agency R)

Through the emergence of these GHIs, the voice of the private sector is thus getting louder in the global health system. GHIs can be interpreted to be an instrument that drives and strengthens the legitimisation of the identity of prominent non-state donors in the field. GHIs are reliant on funds from major non-state donors such as BMGF, and thus these GHIs might be quite malleable to the needs of these non-state donors.

6.4 Reconstitution of relational networks

Another important aspect of the logic evolution process is the formation of relational networks and control mechanisms to comply with the newly introduced sources of legitimising identity which have been detailed above. In this section of the analysis, the focus will be on how the professionals in the field have evolved as a result of new relational networks.

6.4.1 Tangible differentiation, between old and new networks

The big distinction between the "old," and "new," is the change in the paradigm of governance and engagement from state-centric to multi-stakeholder involvement. Both the Global Fund and GAVI have gained their credibility by enhancing very real health results and outcomes (output validity) as mentioned earlier. The first is a move towards more flexible financing and away from central or long-term dedicated investment. Secondly, there is a movement towards multi-stakeholder governance, and away from conventional leadership and policy-making centres (Patel, Cummings and Roberts, 2015; Kostyak, et al., 2017)

Through legally formalising the new concepts in health initiatives, State-centric bodies allowed the improvements in the GHI field to crystallise. In this revised framework, proliferation agents and technical associations have been able to recognise barriers to a smooth production and solid growth with regards to medical product improvement.

Therefore, they have earned the confidence of key opinion leaders and have been able to work proactively to guide and remove these barriers to production and growth.

The process has contributed to significant structural shifts in the area of health initiatives through the reform of control mechanisms and the creation of *new relational networks*. The concept of having specific donor blocks and implementing blocks present on the board of GHIs, provides insight into how this new model -of partnership based relational network- impacts the professionals in the field:

"So, well the way our board structure works, we are a partnership model... So our's has a donor block and an implementing block. And the donor block is made up of most of the donor countries…. NGO has a board seat, the private sector has a board seat, and private foundations have a board seat. And then there's an implementing block, and they are equal voting blocks in the implementing block is made up of the primarily recipient countries... So that's sort of the partnership model. WHO, UNAIDS, Rollback Malaria, Stop TB, each of the multilateral global partnerships also have non-voting board seats on our board." (Non-Profit Agency R)

The issues of accountability have thus been raised, with measures put in place to regulate the actions and policies implemented by actors such as the BMGF who have a private seat on the board of GHIs (Martin Hilber, et al., 2020). GHIs, like the Global Fund and the GAVI Alliance are widely recognised as the most popular forms of these multilateral agreements that have replaced the vertical collaboration that existed between the WHO and the member states. Their participation has been lauded with their strategies on health policy, as they have helped to provide a solution to problems related to financing, development of new drugs and chemical entities in the battle against infectious diseases. However, a concern arising from these *new relational networks* are that despite the plaudits, there have been calls for more clarity in terms of transparency and accountability for these international public-private organisations (Yamey, Sridhar and Abbasi, 2018; Barnes, Brown and Harman, 2016). These calls for more transparency and accountability, are specifically applicable to foundations such as the BMGF. The level of influence that the BMGF has on traditional organisations, such as the WHO, has surprised professionals in the field:

“ So the largest donors are DFID, followed by the Gates Foundation. So, DFID being a traditional donor. And the Gates Foundation being a non-traditional donor. So, it's kind of a, it's got a very diverse set of funding and models. So yeah, and in terms of those, and then, in terms of implementing partners, you have like, the WHO, and, and other extended partners?”
(Non-Profit PPP J)

"And I think one thing to share is even at a department level, I have been surprised that the high degree that is financed by institutions such as Gates, which and often that the whatever it's been financed, has been earmarked. And what I don't know is the extent to which Gates funds what WHO wants to be funded anyway, or whether it has to be some sort of bending to make it fit with what Gates is willing to fund. But I think that is a real challenge for WHO just being quite hamstrung by the funding sources as to what they can focus on."
(Independent Consulting Firm K)

The reconstitution of the relational networks in the field has had a significant impact on traditional organisations such as the WHO. Questions are being raised about the level of

influence that, major donors such as BMGF has on WHO. This raises important issues, since WHO is still considered the main body for normative guidance in the field of global health.

6.4.2 Visible successes through new networks

One of the major *successes* for the professionals operating in the new *relational networks* is the *increased involvement* of major pharmaceutical firms, but also of other industries which would have been deemed to be out of reach for those early health initiatives.

Indeed, in order to increase growth and sales opportunities, major pharmaceutical firms are gradually providing R&D portfolios with in-licensing external R&D ventures and mergers and acquisitions (Schuhmacher, 2015). The common objective of PPPs, by contrast, is to develop R&D portfolios that meet unfulfilled health requirements. This implies that the overall product must be available to the community and be reasonably priced. Collaborators in research and development activities led by the PPP must therefore work within the PPP mandate. This 'partnership' and *relational networking view* assumes a shared sense of purpose by jointly providing complementary tools, expertise and mutual risk sharing (Nwaka and Ridley, 2003; Aerts et al., 2017). *New relational networks* had fostered this partnership view and approach. This has engaged the pharmaceutical industry but also aligned others; even extending to the music industry with the participation of the MTV's Staying Alive Foundation:

"They have a foundation based in London, Staying Alive Foundation And what they actually do is, what is their video production and stars and all this kind of stuff, to go out into Africa to go to Nigeria and African countries and they created a soap opera called MTV Sugar. They had this all like local actors, all local production, facilities, everything. It's like a soap opera setting a high school lived experience, you know, girls, boys in a whatever. It's like, the drama element though, that's the basic. Their core was really clever about it. The entire foundation is aimed at stopping mother to child HIV transmission. Right. So they put into this script healthcare messaging that they develop on site in the country's.." (Non-Profit organisation Q)

There have thus been some important visible successes through the reconstitution of relational networks. In the old GHI networks, it would have been less feasible to envisage the engagement of the music industry in global health.

6.4.3 Legitimising identity through risk control mechanisms

The criteria for *risk control* in PPPs are identical to those for pharmaceutical companies. This aims to legitimise the *identity* of the professionals operating in these *new relational networks*. The ultimate performance metric for pushing the R&D portfolio forward is the amount of project permits satisfying the target product template, with few project dismissals. PPPs focus on turnover levels and pre-established schedules and milestones. The success of a PPP is assessed based on the original strategy, *by project management*; this is the same method as applied in a pharmaceutical or biotechnology business. In fact, PPPs followed 'private sector' administrative strategies in the work. Even though, PPPs are not for profit they still aim to work efficiently to minimise cost. This enables them to provide high volume-low price medical products to disease-endemic countries. Funders/financial backers often track PPP performance, and can include *cost-effectiveness and public health impact assessments*, however donor criteria are not always aligned, and indeed neither are the mechanisms or metrics between PPPs always harmonised.

In general, this step of risk control facilitated the decentralisation of duties from the donors to the key PPPs, and these then transitions from the PPPs to their collaborators in the field. Collaborators will be liable and accountable for their actions and, to some degree, for their management, depending on the form of company in which they operate. This is illustrated by the elaborate procedures which must be followed by recipients when seeking to access funds from prominent donors in the field:

"And this is this is so pervasive, for example, but you know, a lot of these recipients of funding, whether it's universities or charities that will have processes in place in house, how to make sure that maintain that relationship with its donors….same goes for universities, I mentioned to you about lots of interesting earlier, I had some engagement with Oxford university last year, and some of the things you know, they, there was a group of people who

run it to approach the Gates through the university's existing channels, and those people who maintain the relationship with Gates, in that they were really receiving funding, they said, No, no, no, you know, there's a whole process around how it works." (Historic Academic Institution V)

The non-state actors, in particular private foundations, have insisted on the reconstitution of control mechanisms in the new relational networks. The aim is to legitimise the identity of the professionals working for the GHIs in the new relational networks. Additionally, it also legitimises the identity of the non-state actor. This tackling of global health problems using a corporate approach, has for aim to enhance the reputation of the new relational network in the eyes of key opinion leaders in the field.

6.4.4 Legitimising the transition

There has been a clear rise-in a field where the multilateral mechanism (and Member Governments) had less funding- of new private philanthropic organisations such as the BMGF. Including the creation of GAVI following a $750 million grant to help close the so-called vaccine gap, the Gates Foundation has greatly invested in PPPs. Furthermore, one reason for PPPs insistence on success metrics, productivity and innovations, was the shift to implementing more corporate approaches in public health.

The WHO has more effectively contributed to the discussion on the creation of a private-centred field of medical products for neglected diseases. Although state-centric bodies existed in the initial phases of health initiatives, their function and prominence in the process were markedly different.

In the current *relational network*, key proliferation agents such as the BMGF, searched in differing ways for the engagement of other players, and in so doing ushered the birth of these newly-formulated approaches. They sought to gain *political support* at the macro as well as the local level, by partnering with the technical associations to persuade governments, banks and the WHO to drive change in a specific direction. This can be interpreted as a way of

legitimising this transition. This strengthened the process of legitimising the identity of the professionals working in these *new relational networks*:

"So how did they start gaining legitimacy? In addition to that, the sort of working with governments, international partners, WHO, the World Bank, they started making donations to those organisations, for example, Gates, also is the single largest donor to WHO they contribute significantly to the World Bank. Those guys, oftentimes don't have money to do projects." (Non-Profit Organisation U)

This increased power concentration of non-state actors is potentially expressed in PPPs and is therefore supposed to be resisted, at least by some participants. Nevertheless, multilateral institutions, as Kenneth Abbott and Duncan Snidal describe as an egalitarian body, have no alternative but to communicate directly with non-state actors (Abbott, 2012). However, it cannot be denied that there is some level of scepticism over the configuration and impact of these new *relational networks*. Non-state actors such as the BMGF aim to subvert this scepticism via steady investment in Global Health Partnerships such as the Global Fund and GAVI. Thus, it is important for non-state actors that GHIs are recognised as legitimised identities in the field. This links back to the sources of legitimised identity detailed previously:

"There is some level of scepticism in terms of Gates funds. I mean, not mega, but they're starting, and other countries are also asking why a foundation is having so much influence on programming and things like that. So, there is some little pushback that is coming up. So that says there may be so there and I think the Gates Foundation also understands that, and that's why they are, I think investing in a lot of organisations like GAVI and the Global Fund, and even WHO actually they're very involved in WHO as well"(Non-profit PPP J)

In the reconstitution of the relational networks, the influence of the BMGF has led to multiple calls for more transparency and accountability. However, it must be noted that it would be incorrect to claim that the BMGF has gained influence strictly via the huge funds disbursed (see Appendix B). As can be seen through their processes of positioning and strategic communication, BMGF have a surgical approach to legitimise their identity in the field.

6.4.5 Notion of Trust in the new relational networks

A clear distinction between modern relational networks and the more conventional relational network based on the multilateral approach, applies to how partnerships are organised with funding recipients. The *aspect of trust* is of importance in the establishment of these partnerships. Hence, a key aspect of these new relational networks is the concept of Country Coordination Mechanisms (CCM).

Unlike the World Bank and the WHO, that operate primarily through government departments, and have offices and employees in recipient countries, neither the Global Fund nor Gavi operates directly within the region.

GHIs rely on Country Coordination Mechanisms (CCMs) for the creation and submission of grant requests focused on national priority requirements. CCMs monitor improvement through implementation of CCMs, following receipt of grants. CCMs are typically made up of government officials, NGOs, sponsors, citizens dealing with disabilities, faith-based organisations, the private sector and academics. The CCM nominates one or two groups for each grant to act as the Principal Beneficiary (PR). This framework has two advantages. It not only allows GHIs to have trust in the country mechanism, but it also allows GHI donors, such as the BMGF, to *have trust* in the GHIs management mechanism.

"if I take Nigeria, for example, the Gates Foundation, who was a huge donor to the Global fund at the global level, but they don't invest a lot of their money at country level in individual HIV, TB or Malaria programmes, because they give their money to the Global Fund for those purposes. So they have, I would say, a little bit more limited engagement at country level." (Non-Profit PPP R)

These new relational networks have also caused field collaborators such as universities, to develop their own in-house frameworks called working groups. These working groups are made up of technical experts within the field and as such enhances the notion of trust between donors and recipients. The frameworks for these working groups are designed by highly skilled technical experts:

"Yes, often, organisations will have to develop their own frameworks in house, they may have to convene what are called working groups. So, they'll bring technical experts in a number of different stakeholders within the field to provide their own experience and examples. So, they also develop frameworks in house and then present them at kind of a forum where international stakeholders, particularly technical experts, are provided the opportunity to give feedback. And then that feedback is often taken into account towards the final version of whatever that strategy document may be." (Historic Academic Research Institution F)

The use of technical and academic experts strengthens the legitimacy of the GHIs and the professionals working in the field. Not only does it enhance the notion of trust in the GHI networks, but it grounds even further the legitimacy of those major funders in the GHI networks.

6.5 Reconstitution of control mechanisms

6.5.1 Decentralising responsibilities

The process of logic evolution was further built on the restructuring of control mechanisms in the GHI field. In the previous section, the concept of CCM was detailed from the perspective of trust.

Although the CCM is a panel and not an implementing body, and although it is legally responsible for supervision of grants, it delegates to the PR responsibility for executing the grants (Sands, 2019). Currently two-thirds of all PRs are government agencies, but most recently the Global Fund first allowed, and then started actively promoting "dual track funding", where both government and non-governmental PRs had grants. UNDP continues to play the role of PR on Global Fund grants in vulnerable states (Klingebiel and Hildebrand, 2010). The Global Fund Board sets the ***criteria*** for deciding which countries are eligible to qualify for funding under the Global Fund (Fund, 2015). Hence, CCMs can be interpreted as an *instrument* that allows the decentralisation of responsibilities. This has, in turn, implications on the reconfiguration of responsibilities and eventually leads to a restructuring of control mechanisms in the GHI field. While CCMs at the Global Fund are one example of the reconstitution of control mechanisms other instances can be found. Academic research institutions are employed to engage in processes of priority setting. This is a non-linear process, where a whole host of possible types of financing mechanism and capacity building strategies are designed. These types of control mechanisms are crucial for GHIs. It allows them to have specific plans to quickly respond to field changes:

"... a priority setting on which services are going to be provided, which services are going to be subsidised…you know, usually you decide on what services are going to be provided, and at the same time, you're considering how it will be financed, you know, how much of it will be subsidised? If it will be subsidised? And how will you pull that money?...where does provide the industry come in, etc. So, how's it going to be implemented? comes back down to the things you're going to say know what vaccine you can use? If we are using that vaccine, do we have the capacity to maybe develop it ourselves? I mean, most of the country, we work in are low income, middle income countries…" (Academic Research Institution B)

These control mechanisms detailed above are related to priority setting and the subsidisation of services to be provided. These further consolidate the relationship of trust between donors and recipients, meaning that donors such as the Gates Foundation do not have to be micromanaging the process. Non-state actors have a crucial input in terms of recruitment of the key personnel who work in the GHIs. The degree of micromanagement by prominent non-state actors is dependent on the personality and track record of the key personnel employed:

"Well, I think it is, to certain extent personalities. Who sits on what post so to say in an organisation and how much they feel that they can, they have the authority to, to sort of, they need to control or they are authorised to kind of let go a bit. I think it's also with time that GAVI has to show that, you know, it's doing its thing and it's working. So, so while they're doing that, you don't have to be as involved in everything. "(Non-profit PPP M)

It can thus be interpreted that the degree of micromanagement by non-state donors in the work of GHIs is dependent on the personalities, and professional background of those in senior positions.

6.5.2 Facilitating independent decision making

A key aspect of the restructuring of the *control mechanisms* has been the promotion of independent decision making for the professionals in the field. As self-employed bodies, PPPs retain governance independence, but are dependent on external finance. The management of R&D ventures includes internally disintegrated partners and provides the PPP with flexibility in the decision making of this internal management system. The PPPs are not under any obligation to diversify, as is the case with pharmaceutical companies who also face demands to enter into mergers and acquisitions to meet investor growth ambitions.

Many are often expected to be private entrepreneurs, and it was considered important to essentially encourage professionals in such independent organisations. It thus *enhances* their autonomy and eventually ensures that professionals would be able to practice what they had learnt when they emerged as new recruits in the network. Such institutional improvements

will make it easier for professionals to genuinely continue to achieve respect, both in the eyes of the general population, and in the minds of peers in the profession.

Professionals working in this updated global health system can very quickly activate financial and intellectual resources without the hindrance of bureaucratic procedures. This degree of freedom and independent decision making has helped to build the legitimacy of the identity of such professionals:

".. the majority of times, we can work on a list of priorities that we defined based on our own vision and we can align that and we can very quickly activate, you know, resources, both financial and intellectual resources, but we can make that happen very quickly without the bureaucracy that you see for example, in many multinational organisations, or a foreign countries Country governments. So, I think it's more that you can see a lot of interesting things because we have the sort of freedom to look at what are the main things that we could do? What are the key things that we think there is a big gap? Where is it that we can complement others to kind of see it sort of like that kind of presents way more that you would you would see in the past…"(Philanthropic Organisation O*)*

GHIs develop specialised, agile project management skills through their emphasis on a specific form of health product and a particular disease or core number of diseases. This system offers GHIs the expertise that infection-type biotechnology or pharmaceutical businesses seldom have. It is worth emphasising the *creative dimension* of GHIs. GHIs are created by people and groups with a concept (their goal is to integrate R&D into neglected diseases), to identify ecosystem possibilities (new sources of philanthropic support and improved access to R&D cooperation in the pharmaceutical field), and to establish an organisational structure in which resources/services can be brought together in the appropriate way.

However, in the case of decreased investment, pressure to decrease in size is much more probable. In order to maintain the R&D programmes of GHIs, reviews of the position of

R&D management and management systems (technical consultants, staff and administrators) are taken into account. These *control mechanisms* can often mean that the independence of GHIs can be affected.

As such, to maintain their position, professionals may be required to follow specific and explicit guidelines. The outcome of adherence to such strict guidelines may result in research that is more funding driven as opposed to needs driven. This means that certain diseases, which pose a high burden in certain disease endemic countries, might receive less funding than required:

"I've worked for drugs for neglected diseases initiative, which is, let's say a nongovernmental PPP like a product development partnership that still has, let's say, among the PPP is some sort of, I would say, Yeah, like neutrality or independence, because it has a broader let's say, scope of donors and foundations and people giving money to it. But still, like I've seen, even there, where the guidelines are so obvious, so explicit, in terms of we focus on this diseases because this disease has received less funding, they carry a high burden in developing countries, there is no research and development for these kind of medical conditions." (Non-profit Research Institution A)

Henceforth, despite evidence that independent decision making is enabled in the field, there are still instances of erosion of neutrality and independence. This is particularly applicable to decisions on research and development for diseases that are not considered "popular". There seems to be a drive to generate stories of eradication of popular diseases. These types of stories make more sense from the strategic communication point of view. Indeed, eradicating "popular" diseases is expected to gain more extensive media coverage and hence enhances the legitimacy, and reputation of the GHIs and their funders.

6.5.3 Increased managerial responsibilities

Organisational and administrative procedures in GHIs include identifying goals for R&D projects and handling the list of projects, including the specific alliances/collaborators. Managers, advised by boards and professional bodies, play a key role in the making of organisational and strategic decisions in defining compatibility, and for choosing and integrating internal and external assets to produce target products. This « asset orchestration » is a fundamental concept for developing and constantly improving PPPs (Teece, 2018). These *increased managerial responsibilities* for GHIs can be attributed to the restructuring of control mechanisms. A domino effect has meant that these increased managerial responsibilities have also filtered down to those professionals that are operating at country level administration departments. For example, in a country like Nigeria, any request for funding needs to be made from the body in charge of "Country Coordinating Mechanism":

"For example, in Nigeria, the Minister of Health is the chair of their Country Coordinating Mechanism, the donor countries are represented at the moment by the US government. On the CCM, UNAID and WHO are also members of the CCM and that body is who makes all the decisions on the Global Fund investments for Nigeria. So when they submit a request for funding to us, every three years, it is that body that submits the requests to so an individual agency or person cannot apply for funding to the Global Fund, it has to be a country request." (Non-Profit Agency R)

Reconstitution of control mechanisms has added to the workload of professionals in the field. Since non-state donors follow a corporate approach, there is a drive to systematically monitor and evaluate. This might trickle down and cause an impact on the key workers operating on the ground. Those key workers in low income countries, for instance, might have less time to engage in crucial health improvement process, as they find themselves filling up monitoring and evaluation forms.

6.5.4 Legitimising the identity in the eyes of opinion leaders

The use and restructuring of control mechanisms further legitimise the identity of non-state donors. The new relational network also has substantial influence on key decision makers in the system.

As most financing streams emanating from donors are termed as voluntary, the usage for the majority of these funds even if increasing, can only be carried out according to certain preagreed codes of practice. It has been argued that the adherence to these strict codes of practice when it comes to the usage of funds is the main reason for the slow response to the recent Ebola outbreak (Senanayake, 2016).

The term voluntary funding encompasses financial support from particular governments as well as private, for profit or not-for-profit donors (Mackey, 2016). However, these voluntary funding streams come with certain control mechanisms which can act as bottlenecks, since they can only be spent on certain pre-agreed initiatives such as the Stop TB Partnership. While most of the voluntary funding to the WHO comes from organisations associated with governments, the contribution of non-state actors is becoming increasingly important (Clinton, Sridhar and Sridhar, 2017). These control mechanisms have caused prominent nonstate actors to gain a substantial amount of influence on governments and governmental bodies, such as the WHO. There are certain criticisms of how non-state donors utilise their influence over “captured institutions and governments”, to influence medical product prices in favour of the pharmaceutical industry:

"I'd also say that you've seen in the WHO, lots of examples of the private sector utilising the influence of , I would argue, like some kind of captured institutions and governments. So the US government, for example, the European Union, often very, very closely aligned their talking points with those of the pharmaceutical industry, as one example, you have seen the, the use by the USTR, so the US Trades Representatives, body, USTR of the 301 watch list, where they try to pressure developing in particular country governments, but also increasingly other Western governments who are trying to take action to address high drug prices, either through price control mechanisms, or through exploration of reform of the RD model? Or exploring the use of TRIPS flexibility?" (Public Global Health Agency R)

The majority of the contributions to the WHO are voluntary compared to the norm; in 2013, the WHO could only make free use of 7.6 per cent of the voluntary funding. Along with the restriction imposed on the use of these funds, are the auxiliary costs associated with administrating the voluntary contributors. Therefore, NGOs' funding will be an important contributor to the WHO in the future (Clift, 2014). The influence of non-state funding also extends to country governments. Despite certain countries taking a strong stance against nonstate donors, a level of influence is very much still present with regards to the recruitment of professionals providing technical assistance:

"So in Ethiopia, the government has taken a very strong stance, the Minister of Health is in a strong position whereby they want the money to be mostly used through the ministry or through the state ministries, because it's a decentralised process. So some of that money goes to the, to the ministry, to the set of decentralised ministries, ministries by region, but they have to hire technical assistance and technical assistance is really American NGOs that have a presence in countries and that provide technical support to the Ministries." (US Government Agency J)

Another example of an impact of these new relational networks and control mechanisms is the increasing use of independent organisations by governmental bodies such as UN agencies. Independent organisations are engaged in order to conduct strategic or programmatic reviews of UN projects. The control mechanisms in this case are forms of evaluation, which can be both specific and prospective. The aim is to ensure relevance, efficiency, effectiveness and sustainability:

"And that can be strategic reviews, or there can be programmatic reviews? So I guess examples might be for UNITAID, where they might ask us to do a review of one of the midterm on interim review of one of their projects. And generally we apply the OECD Debt criteria as looking at relevance or efficiency and effectiveness or sustainability or the results. That can vary; that's just one example, but I think it really does depend on what specific evaluation is required. And we have also done a prospective evaluation" (Independent Consulting Firm K).

While these control mechanisms do provide efficiency, they might also become cumbersome in the long run. Systematic reviews and evaluation might hinder the dynamism and flexibility of the GHI network.

6.5.5 Legitimising identity through control mechanisms

The big challenge perceived is not the high cost of R&D, but inadequate market viability. To fix the question of the absence of trading markets, pull instruments are targeted. They are intended to generate demand for drugs that have yet to be developed, as well as to increase the medical products' market in neglected diseases effectively. Pull devices pay off the production (developed new medical products) but not for R&D inputs. Real world experience with pull instruments for neglected diseases is minimal. One appealing advantage of pull instruments is that they are less expensive than other devices, because they do not require advance payments. Money is only spent when benchmarks are met, or when new medicinal drugs are developed according to predetermined rules. Buyers (i.e., government, philanthropic organisations, or international organisations) must pre-set the defined requirements. In order to meet the requirements, the company or other agency must then agree on the R&D plan to be applied. If the benchmark has been achieved or the drug has been created, the payment will be rendered of the money committed and the buyer will make products accessible to patients at significantly lower costs. Examples of pull tools include incentives; end-sale funds (such as the Health Impact Fund); programmes that can assign money to any research agency; and advance business commitments (AMC). A crucial feature of the pull instrument is that the pay-out needs to be sufficiently enticing to provide opportunities for the scheme applicants. In theory, there can be a varying size of the reward among participants (Munoz, 2015).

Boulton et al. (2014:36) described five areas in which donors place restrictions on the use of funds to:

a) A particular disease, product region, or developmental stage
b) A project community (funding portfolio)
c) A scheme unique to the exclusion of all others
d) Precise budgets authorised, and thus any modifications or alterations that need prior approval

e) A specified timeframe, usually after a grant deal has been concluded and within a particular year.

Further expanding on these, major non-state donors such as the BMGF tend to fund those initiatives better aligned with their own strategy. This form of informal control mechanism related to strategy alignment further strengthens the identity and propagates even further the legitimacy of key donors as the BMGF:

"So Gates Foundation has its sort of broad strategic objectives. And if the charities or other agencies…, if the interests align with the Gates interests, then more likely than not, if you put a good proposal, you will get the money. So in that respect, again, you know, because Gates has its own strategy. People who get the money need to align with a strategy." (Non-profit Organisation V)

However, prominent non-state donors such as the BMGF have been known to be more collaborative. A form of formal control mechanism is the involvement in day to day activities of GHIs. This can be interpreted in a positive manner as it encourages collaboration and communication between the key stakeholders. These close and intricate processes can become key in establishing a consistent standard across the system and in turn can boost the non-state donor's recognition and innovative ways of operation:

"And then Gates has a much more, I would say, a very close collaborative process in the sense that they're really involved on our day to day activities. So they know exactly what we're doing exactly how we're doing things. It's a very close and very intricate process…" (Non-profit PPP J)

Furthermore, through these formal and informal control mechanisms, major funders such as the BMGF, can link any progress made to the funds that they are disbursing. This aligns with some of the key findings detailed above, under the section of legitimising identity. The importance of publication and communication of success stories in the GHI field is key for the growth of legitimacy and identity. However, to further consolidate their control,

prominent non-state donors may also occupy board seats to ensure that the funds are being used in alignment with their overarching objectives:

"I mean, it's not private foundations, the only one that is considering really putting money into organisations like that is Gates. And that's the only significant player at the moment. And so they set up all these they work with WHO closely but they set up separate organisations like ROLL BACK MALARIA and Stop TB etc, that they are happy to put money into, and then they sit on the board, and they can exercise greater control over what the organisations do and how they use their money." (UK Government Agency Z)

Control mechanisms such as Country Coordinating Mechanisms are a way for countries to access funds from the Global Fund. However, it can also be construed that these Country Coordinating Mechanisms are important for GHIs. These control mechanisms allow them to further legitimise their identity in the eyes of major private donors such as the Gates Foundation and key opinion leaders in the field:

"And one of our requirements of countries to access Global Fund funding is to set up at the country level, a Country Level Mechanism that mirrors our board mechanism. So countries have what are called Country Coordinating Mechanisms, we call them CCM is for sure and are basically mirrors of membership of our board, but at a local country level and chairmanship changes by country. " (Non-profit Agency R)

Country Coordinating Mechanisms is a creative tool in the GHI field, as it allows low to middle income country governments to develop and implement practices that have proven to be successful in the corporate sector.

6.6 Effects of reconstitution in practices

By introducing those practises that centred on teamwork, cooperation and integration, the link between identity, legitimacy and practices were forged. They also reconfigured relationships and definitions between the different professions. Field leaders and prominent technical associations engaged in discussions for the latest policies to establish credibility.

The gradual recognition of the new professional identity of micro-level professionals centred on the professional logic of integration, through regular interactions between funders and beneficiaries. This facilitated the legitimisation of private entities at the macro-level as well.

While the previous stages primarily addressed meso-level structures, the final stage of logic evolution involved analysing micro-level processes more closely centred on evidence of activities compatible *with the professionals legitimised identity, relational networks and control mechanisms.*

6.6.1 New role configurations as a result of transmission of practices

With regards to non-state donors, the probability of returns on their R&D investments needs to be improved (at best, it brings income, at worst, no loss). The size of funding required could be smaller for certain types of organisations such as non-profit PPPs. A key factor in the development of pull instruments is the number of obligations (including requirements such as the doses to be acquired and the purchase price) that would be needed to provide a powerful incentive to build a marketplace that would transcend the deterrent to investing in R&D (Le, 2014).

Highly experienced managers are thus pivotal GHI tools to build such a marketplace. When the PPP (taking into account research, finance and access considerations) maps out disease and goal drug profiles, project managers, coordinate, and maintain relationships with public and private sector participants. They push research ventures pick which applicants are promising enough to progress to trials, which products to proceed across the pipeline and which projects to terminate (Munoz et al., 2015).

Managers are important, as they organise the individual projects and create synergies between collaborators. They also oversee the bulk of R&D operations carried out by GHIs as well as those carried out beyond the PPP. Decision-making leadership occurs within GHIs, while most GHIs research and development operations are branched out to affiliates identified as 'virtual' R&D organisations (Grace and Britain, 2010). The position of project managers is basically identical to the one played by other project managers in (bio) pharmaceutical firms.

The above branching out and expansion of practices has represented a holistic approach to the provision of drugs, and have been caused as a result of the complex relationship of relational networks and control mechanisms.

Professionals employed in state-centric organisations were less likely than professionals working in autonomous private organisations to follow the concepts of integrated logic.

They were less likely to make unilateral choices, and the hierarchical authority of the head of the state-centric organisation controlled their work to a much larger degree. The professionals performing in the reconfigured field have taken more roles than the older ones and offered a wider range of services. In effect, this reconfiguration has *impacted the role of previously dominant actors*, such as the WHO, in the field of Global Health. The relevance of the WHO has thus been diminished due to the prevalence of new practices. WHO is no longer in the driving seat when it comes to health related issues:

"So it means that they have to partner with academia to produce the research, they have to partner with foundations to support programmes, have to partner with the private sector, but at the same time, I agree, it would become too much for WHO to actually manage all of it. And it's not that they're not relevant. They are relevant, but they don't necessarily drive this. They don't need to be on the driving seat in every single scene that is health related."
(Philanthropic Organisation O)

These *new role configurations* are likely to be further extended to managers operating in independent organisations. GHIs such as the Global Fund will increasingly have to prove how their practices are linked to broader ideals such a Universal Health Coverage. This shift

towards focusing on universal health coverage is likely to *demand more skills* from managers working in the field:

" An increasing focus on non-communicable diseases and less of a focus on communicable diseases. I think there is also going to be an increasing focus on aspects that specifically relate to the sustainability development goals. Example of that might be, for example, an institution such as the Global Fund, which is set up for HIV, TB, and Malaria is closely linked to the NDG's, but increasingly, they're going to have to prove how they also linked to universal health coverage, strengthening is going to be much bigger focus towards those broader ideals and ideals with border and goals." (Independent Consulting Firm K)

Furthermore, this extension of role configurations and new practices is also impacting management professionals in state-centric organisations such as the World Health Organization as well as the World Bank. The professionals in these organisations are likely to be focusing more on policy guidance implementation and translation. These practices and new role configurations for the WHO and the World Bank can be interpreted as an erosion of their legitimacy, as non-state actors proliferate the field:

"they don't receive an enormous amount of money, like, let's be honest. So they produce a lot of policy guidance. And they are, you know, they are collaborating with the World Bank, which has far more clout in terms of policy implementation and translation. And actually, kind of having some say in how money is spent, but WHO I cannot see having that power. They don't provide grants to countries, they're there for assistance. And they do have a country office in every single country." (Academic Research Institution B)

These extensions of role configurations have impacted organisations and institutions operating throughout the field of the global health system. The proliferation of new practices is thus, a clear result of the reconstitution of the microprocesses in the field.

6.6.2 Promulgating the identity of the academic expert

Other evidence of the new practices in the field is with regards to the *redefinition of the limits of professions.* PPPs in the GHI network have a limited key staff team with expertise in public health and the industry, whose research is supervised by a council. PPPs aim to account for their insufficient internal personnel ability (restricted project management skills from innovation to production and supply) by employing *professional experts* in an advisory capacity (analogous to the WHO TDR framework) (Muñoz, et al., 2015). Enhanced professional and analytical expertise is offered by independent expert advisory bodies. Boards are important in PPPs overall policy and portfolio planning, but project management continues to be left to project managers who make up the main PPP workforce. The professional staff members of PPPs also seek guidance from scientific advisory committees which consist of specialists in the production of medical products and related fields. The board's membership combines skills and experience from both the public and private sectors. The benefits for members of the board are not monetary.

Academic institutions have held a central position in that respect. The frequent interactions between the recipients and the non-state donors helped to express the sense of belonging to a particular profession focused on a holistic approach to health provision. Hence, it can be seen that prominent non-state donors align themselves quite closely with academic experts in the field. In doing so, it also *legitimises the expert's identity* while also redefining the limits of the profession for those operating in the academic sphere:

"Well, I worked with them, you know, as a fellow, in addition to that, based on my experience, you know, working in a field of vaccines in Africa, and also did a PhD. You know, also working on vaccines." (Non-profit Global Health Organisation U)

The extension of the role configuration due to the reconstitution of new practices is particularly evident for academic experts who work in the field vaccines in Africa. This has promulgated and legitimised their identity in the field, particularly through their collaboration with GHIs and major non-state donors in the field.

6.6.3 Cross legitimation

Despite the power relationship imbalance between the GHIs and donors, particularly the prominent non-state donors, donors still have to rely on GHIs to find successful solutions. The progress of GHIs also legitimises donors who are basically new players in the wider spectrum of the health innovation system (Grace, 2010; Moran et al., 2010). In turn, this paradoxical partnership illustrates the challenges that exist in the global health innovation structure, and shows the necessity of the board members and senior managers to have unique skills. As a result, GHIs need to coordinate and maintain the GHI's focus with the needs of funders, business stakeholders and policymakers in the countries where the clinical options needs are the highest. Simply stated, GHIs performance, comparable to any dependent individual in an unfavourable exchange arrangement depends on its ability to overcome restrictions as it advances in achieving results (Gulati and Gargiulo, 1999; Reimann and Ketchen Jr, 2017)

Through mutual routines, such interactions have contributed to strengthen the interrelationships between the partners. These micro-processes of shared learning, and the regular cooperation between donors and recipients have facilitated the building of mutual trust. Through the provision of resources in the capital settings of global health, non-state donors have *legitimised their presence and activities* from the bottom of the field. Creation of jobs in those siloed capital settings of global health, has helped field professionals to gain a deeper understanding of the message being transmitted by the prominent non-state donors:

"I mean, at least in the capital settings, they have poured a lot of resources in these settings. And they have created jobs and things like that within those settings. So people do have a fair understanding in capital settings, again, I'm caveating would have a better understanding of what these people do, essentially, you know, whether it's Gates or, you know, the big ones, I'm talking about Gates and PEPFAR. So again, it's within, it's the siloed thing" (US Government Agency J)

The sub-factor of cross legitimation needs highlighting, as it shows how the GHI network can result in processes that generate mutual benefit for both the donors and the recipients.

6.6.4 Evidence of successful initiatives linked to the new network

The outcome of the causal chain of new practises due to the new relational networks is demonstrated by the *evidence of successful initiatives*.

Many GHIs are pursuing resources for initiatives that can be extended to neglected diseases, based on inactive or abandoned work elsewhere. Drug-producing GHIs generally aim to develop recreated products instead of NCE (Pedrique et al., 2013). In the area of vaccinations, this is also the case. For example, the pharmaceutical firm GlaxoSmithKline (GSK), the GHI MVI, and PATH are developing the most scientifically advanced malaria vaccine product so far (RTS, S). RTS, S is not a new candidate for vaccine. The vaccine was developed by scientists at GSK in 1987 in conjunction with the U.S. Department of Defense BIRL. The reported pricing agreement for the RTS, S vaccine for young infants and children in sub-Saharan Africa is that GSK will be compensated to cover the vaccine production costs, and will earn a 5 per cent return (Malaria Vaccines Initiative 2013). GHIs often typically aim to reduce R&D costs. Although GHIs must cover product creation costs and take product distribution costs into consideration (including registration costs), they recognise that they must stay close to marginal production costs to achieve their access goals. GHIs must not lose sight of the cost of service.

The *chain of new networks* bringing about new practices is also extending to state-centric organisations such as the World Health Organization. WHO is now adopting similar models to that of a Global Fund and GAVI:

"I mean, it's changing as in like, you know, with the new leadership, they're implementing quite a bit of changes. So, I mean, it's a good space to watch just because. And they also and they're adopting, you know, like fundraising methods that are very similar to what GAVI and the Global Fund have done in the past. Yes. So it is, it's a, it's a good space to watch, just to see how successful they will be." (Non-profit PPP J)

The adoption of similar models as GHIs shows that the new leadership of WHO is open to changes and focused on becoming more agile. In order to keep its relevance in the field, WHO needed to become a more agile institution and steer away from its conservative approach in the global health sphere.

6.6.5 Transmission of new approaches in practices

In addition to R&D portfolio management and investment lobbying, GHIs can funnel much of their efforts into pure R&D activities, especially in comparison to marketing (in order to boost sales), which may require a greater budget for research in larger pharmaceutical companies.

GHIs search, pick and derive these capacities/assets, including academics, drug manufacturers, biotechnology firms, contract research institutions, public and philanthropic institutions from multiple agencies. As an example of developing a product by GHIs, the case of a new anti-malaria drug being developed is a relevant one. Drugs for Neglected Diseases Initiative (DNDi) led the project with cooperation from TDR (Nwaka and Ridley, 2003). This new collaborative approach is clearly reflected in the new practices, as demonstrated below. Due to the development of these new health initiatives, *engagement from industries and fields can now be seen* that would otherwise not have been connected with the field of neglected diseases:

"Cola life was a design engineer , Simon Ferry. And what he did was he you know, you have a palette of six bottles of coke or 12 bottles of coke in a distribution hub, and they send it out to the villages, right? He looked, he took a CAD CAM design approach and looked at the space between the bottles at the plastic insert in one part of it anti diarrheal tablets, one's a mosquito net, one has a clean water tablet… " (Non-Profit organisation Q)

However, a common critique and impact of these new approaches to health initiatives is that they are based on short-termism. A more conceptual view to solving problems such as water and sanitation issues for example in the neglected disease field might be more efficient in the long term. For example, the BMGF was an active funder in the rollout of cholera vaccine. However, this was deemed to be only a short-term approach to the real broader issue of water and sanitation. The reason specified for this inability to offer long term solution is the complex issue of multi sectoral engagement. Aligning various sectors such as water and planning, can be severely complicated as some GHIs do not have in country offices:

" So an example that I can give you as illustration is the cholera vaccine that is provided. So Gates supported the rollout of that, of which there is a role for it. And that it's not, it doesn't solve all the problems. And obviously, the much bigger issue is water and sanitation more broadly. And that is something that very few donors want to support. Because it's complicated. It's a long term, it requires multi sectoral engagement. But the sectors that are required to introduce it in the water sector, or the planning sector depends on which country. And so I think that was a situation where, within relatively limited resources for cholera, a lot of focus, being on a vaccine, whereas actually, if you really wanted to, to cure cholera , we should be addressing the larger water and sanitation issues. But you can see why Gates, which is more about innovation, etc were working to fund that." (Independent Consulting Firm K)

While this integrated vertical approach has produced interesting technical materials, an issue has been identified with the fact that these advances work only in specific fields for specific diseases. In other words, the progress made in a specific field does not automatically extend and interact with other sectors. This backs the call for more horizontal approach to address global health issues:

"And I think that is also very much the issue with donors because donors, fund you work on very specific things with very specific guidelines, and people just, it's the same with science and academics, right? People working in very, very specific fields. And they produce very interesting technical material. But basically, they missed the point. Because if they don't look at the interaction of this with that…" (Philanthropic Organisation W)

As has been discussed throughout this Chapter, the emergence of the GHIs has provided some critical successes but also questions pertaining to influence and accountability. In this subsection, the fact that the new approaches of GHIs are based on short-termism has been raised. There is the need for GHIs to collaborate with their non-state donors, to engage multisectoral engagement to fix broader issues. Integrated vertical approach to tackling diseases provides advantages, but the ripple effect of these benefits is not felt in other sectors of the global health arena.

6.7 Conclusion: Professional logic of integration introduced in GHI networks

Figure 11 Professional logic of integration introduced in GHI networks (author's own diagram)

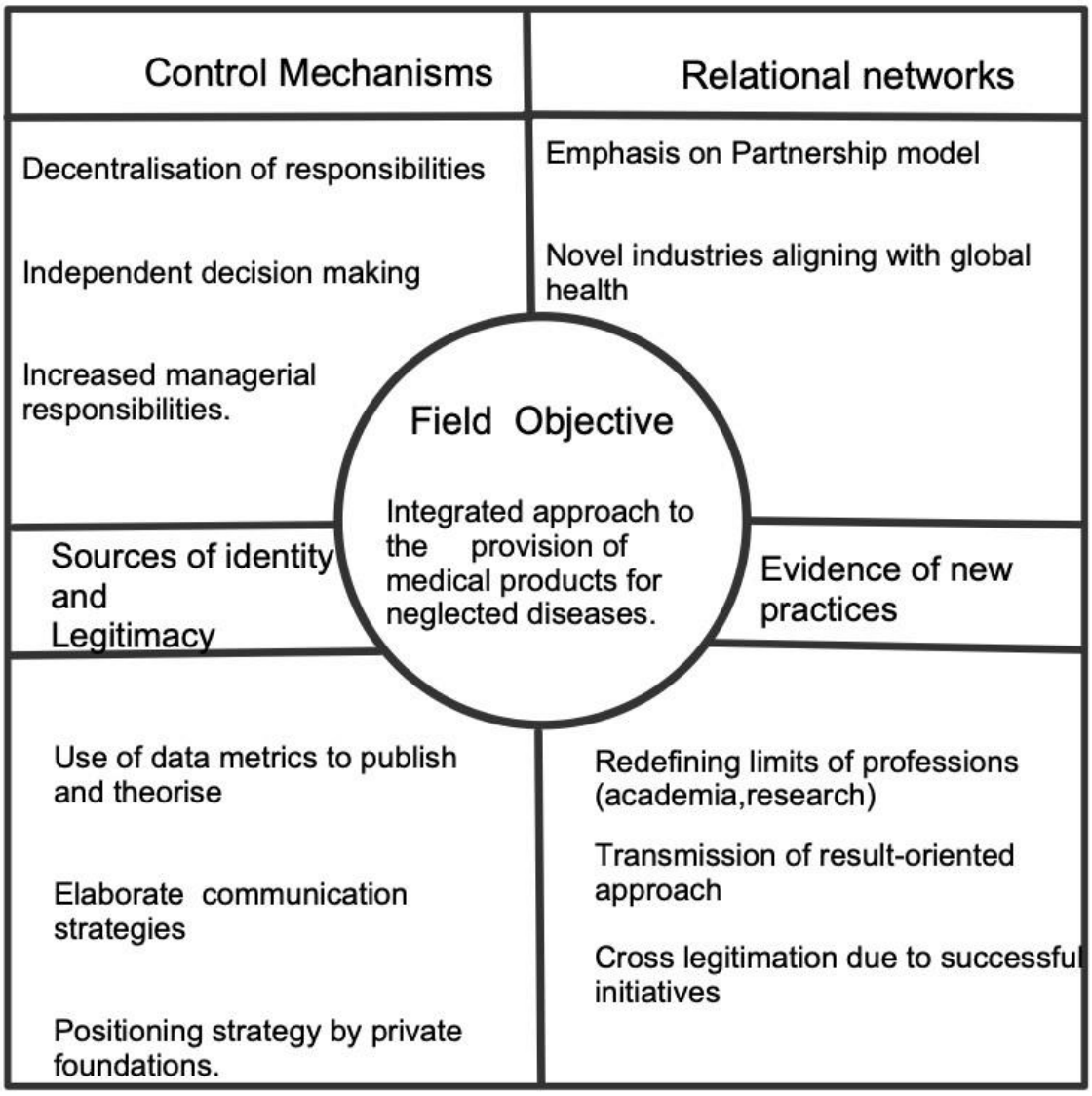


Figure 11 Professional logic of integration introduced in GHI networks (author's own diagram)

Figure 11 is derived from findings and analysis presented in the above section. Over time, there has been a rethinking of global health; opportunities emerged over cooperation with industry for product creation. It appeared, though, to be too costly and difficult for TDR to plan and execute and was beyond its mandate. Having this in mind, the concept of developing autonomous, disease-focused companies emerged as an option for speeding up R

and D, and producing innovative health-care goods which shows how the *field objective has been modified*. As of 1999, TDR has participated in the development of numerous PPPs while some other PPPs have been individually established. Non-profit philanthropic foundations such as the Rockefeller Foundation have taken an important role in the production of PPPs. There has also been a key role for international humanitarian organisations (Hoffman and Au, 2017). Bill and Melinda Gates' creation of the Gates Foundation in 2000 has given PPPs a significant boost as a new source of possible funding. Throughout the pharmaceutical industry, PPPs have exploded throughout the background of the 'vertical disintegration' phase (Torchia, Calabrò and Morner, 2015).

This rethinking of global health has now meant that industries such as clothing, eyewear, transportation, as well as other sectors have aligned themselves with the field of medical products for neglected diseases.

An important theme that needs to be discussed as a result of this field objective modification is the difference in *governance structure* between that of the WHO and the World Bank, and that of GHIs like the Global Fund and GAVI. The biggest differentiation is in terms of how their respective goals are set out. GHIs are known to be more business and result-driven, therefore have a set of specific outcomes, unlike those of the WHO and the World Bank, whose motto is based more on broad objectives such as, the reduction of poverty and improving the quality of health and life globally (Sridhar and Clinton, 2017). This demonstrates how the *field of global health is being restructured* in terms of governance structures:

As specified above, the WHO and the World Bank are not geared towards specific programmes and infectious diseases. On the other hand, the Global Fund's operating principles are to use the resources available to address health concerns in HIV/AIDS, tuberculosis, and malaria; GAVI's framework when it comes to utilising its financial stream is to invest in aiming to protect the health of children in countries most at risk.

This research draws upon existing institutional change concepts and discusses how developments in fields occur in various ways. It challenges the predominant approach to

institutional theory which is focused on explanations of change about shifts from one dominant logic to another, or due to contradictions between logics. This demonstrates that field transformation can actually occur by an evolution of the prevailing logic in a field. Logic evolution is conceptualised as a process of legitimising and socialising identities of professionals in the field. It is also concerned with creating new control mechanisms and relational networks that will be enacted by professionals via the infiltration of new practices. This will evolve an overarching institutional logic in a field. New beliefs and practices that are part of a modern framework are thus not simply a replacement for existing beliefs and practices, but they are blended and coexist together.

Field professionals have to incorporate themselves into the current context; these actors, via the microprocesses of practices will recombine old and new concepts, thus revising existing underlying paradigms. By doing so, they alter the relationships among all those that implement these field-level logics and reorganise the field structure. Tailored to specific social dynamics and field-level factors, the evolution of a specific institutional logic (the professional logic in this case) will unfold via a process which can be termed as blending.

Field level reform is not only due to changes in the prevailing logic or contradictions between the logics of different institutional orders. Logics tend to be toolkits, in which actors in the field can introduce, change or delete concepts and practices in various ways. Since logics are not set, they may distil values and behaviours that pose some degree of *ambiguity* depending on the cultural context in question. They can therefore be somewhat compliant and incorporated into other field logics as has been demonstrated in this thesis. Logics arise as structures based on identity. Logics can accommodate various claims on identity as well as legitimacy (legitimising identities). They can explain the emergence of new relational networks, new arrangements for control mechanisms, unique practices, and they also provide explanations on how these are endorsed. The logic evolution method described here helps one to consider how these internal logic characteristics are integrated and connected together.

Since logic evolution may involve potentially conflicting characteristics, actors within a social group,such as GHI networks when viewed through the lens of professional logic, may reconstitute different characteristics of the professional logic. In addition, they consist of several subgroups, each of which supports a different identity and missions; these identities and missions are integrated into the overarching professional logic, which binds and links

them with particular practices. Lastly, the evolution of the one institutional logic and fragmentation within the field (the global health system) generates layers (GHI networks) that muddies structures, relationships and distribution of power among actors.

CHAPTER 7. Findings and analysis: Macro and meso factors influencing the process of logic evolution

7.1 Introduction

In this segment of the study, the types of factors that profoundly affected the global health system will be presented. These are linked to social level (macro) and field level (meso). Factors at the macro level include the capacity to crystallise change and the degree of trust in accepting alternate perspectives (e.g. heterogeneity of identities).

Some critical factors guiding the logic evolution process also belong to the field level. This includes the legitimacy of proliferation agents in the field and, more generally, their status within the wider society; the likelihood of establishing a strategic field hub. Also important is the ability to create a participatory hub which allows professionals to socialise and interact.

7.2 Capacity to crystallise change

There was a pronounced constructive and organised subtext to the change process. Actors were trying to interpret and introduce a proposal that would fit within the context. In forming the change, proliferation agents maintained an internal emphasis on the issue of medical product development for neglected diseases but attempted to incorporate and take advantage of external opportunities. They remained open to discussion with external stakeholders and kept exploring the viability of proposed changes and on potential alternatives, wanting to make it seem more accessible to the international community.

The essence of the decision-making process that led to the health initiatives overhaul was that players engaged together to systematically legitimise the updated identity of the professionals. Various actors engaged extensively about what the core identity of the emerging professionals in the field should be, within the organisation of the GHI field. They attempted to find a specific (integration) approach to the issue identified.

In the institutional setting of the global health system, additional professional roles and drug distribution models have been added. This change approach reflected the aim of allowing the structure to evolve itself, so that changes can be made incrementally over time.

7.2.1 Efficiency of decision-making model

In order to be able to crystallise change, the efficiency of the decision-making model in the field needed to be assessed continually. PPPs in the GHI field need to *critically analyse* "access criteria" (Muñoz, et al., 2015; Clinton, Sridhar and Sridhar, 2017) when negotiating a partner's manufacturing and distribution rates as well as the approval of a partner's production and distribution of products in disease-endemic countries, with long-term sustainability being an important factor. Non-state donors have very specific agendas and objectives. Non-state donors will not engage with those stakeholders who don't align with these agendas and objectives. This can be interpreted as a way to ensure efficacy and results:

"I think that's another challenge. Again, some of them have very specific agendas and very specific objectives. And oftentimes, if they are not 100% aligned with other organisations, objectives, they will separate you they will work separately. " (Non- profit Research Institution A)

PPPs require their project managers to have business experience and negotiating capabilities. This can be argued by PPPs that some neglected diseases such as HIV/AIDS , malaria and TB, are economically viable, and are common in developed countries as well as in the developing world (Muñoz, et al., 2015). PPPs also define priority products that could potentially provide the private-sector with a trade market in disease-endemic countries where producers can maximise their profit margins, and PPPs also use that opportunity to gain improved public-sector agreements (i.e. reduced costs for production and final pricing) in disease afflicted nations. The PPPs may also seek to minimise costs through the management and funding of the registration process or through the quest for other collaborators (Muñoz, et al., 2015; Clinton, Sridhar and Sridhar, 2017; Aerts, et al., 2017)

The proposal to improve the supply of medical products emerged from the UN. In that context, for the legislation to achieve credibility, the personal power and recognition of certain people was also crucial. The focal players, being the prominent non-state donors, have been able to catalyse other groups' involvement, triggering a coordinated mechanism in which every public participant was engaged. Cooperation during the proliferation phase was crucial, not only in drug distribution changes, but in all decision-making processes.

This collaboration defines the negotiations on the key proposals of the reform but it was also directed at generating practical outcomes and creating concrete improvements so that further steps could be taken if necessary. That embodied an attitude that was rather rational and result-oriented based on forming an alliance with strategic partners in the field:

" So, in terms of the structure itself, GAVI is interesting... but it is an alliance of Alliance members include WHO UNICEF, CDC and others, partners. So they're part of the GAVI Alliance, essentially. So the role of the Secretariat is to coordinate these Alliance members. So when we work in countries, for example, so where we invest in vaccines, this is done through the alliance members, and other partners." (Non-Profit PPP J).

Sustained alliance work is therefore one of the key elements in the development of an effective decision-making model.

7.2.2 Dynamism and flexibility

Another factor that aids the crystallisation of change is the dynamism and flexibility of non-state actors as compared to state-centric bodies. The ecosystem can be driven by *innovation principles* for medical products that lead to health requirements. The following ideas were proposed by a group of experts (World Health Organization,2006) set by the World Health Assembly:

- Availability: new product production and ample availability of the drug (quantity)
- Acceptability: product compatibility and suitability tailored to different specifications
- Quality: reliability of the drug, quality criteria and clinical trials
- Accessibility: assured product production funding-choice and acquisition, competitive prices.

The creation of decision-making mechanisms was driven internally, as with the health initiative overhaul, even though they were still open to dialogue and external consultation. They took principles originating from other fields such as contents of a more corporate approach, and incorporated them in the field so that these new ideas could really function seamlessly and homogeneously.

Many of the PPPs interested in designing novel drugs and other neglected disease remedies do not hold technological skills, and thus do not perform any in-house research or production work. What the PPPs possess in general is the human capacity, and the skills and experience of the senior management engaged in managing the PPPs' organisation and operation through a *dynamic and flexible* approach. With the propagation of PPPs in the field, non-state donors seek to demonstrate how their dynamic approach to global health can be effective. They seek to communicate the message that they have a corporate approach to global health problems. The rationale behind this dynamic capability are mainly due, to the fact that they unencumbered by bureaucracy and accountability:

"Artificial Intelligence is another example. It's very difficult to look at, for example, any kind of big investments in Artificial Intelligence if you don't really have the private sector investing of that, but also being sort of led by a public health agenda, if that makes sense."(Philanthropic Organisation O)

But at the same time you have these different actors such as foundations that have different lines of accountability, different missions and visions, and they're usually way more dynamic and they can move so much more quickly and flexibly than other actors can,.."(Philanthropic Organisation O)

" And I think they really want to say like, we have best people with a corporate background, to make sure we have a corporate approach to a public health problem" (Non-profit International Agency A)

The capacity to crystallise change is therefore dependent on the ability of the GHIs to keep harness this dynamism and flexibility.

7.2.3 Ideological drive

The ideological orientation and drive of non-state donors in the network of GHIs has facilitated the change crystallisation process. The Millennium Development Goals brought about the entry of a new source of financial resources outside the normal development assistance that existed pre-1990s, where the WHO was the central coordinating body. GHIs objectives are very much results driven. Their goals are to provide an ideology-based *approach* to healthcare in terms of drug development, drug distribution and qualified staff. Specifically, they seek to target communities that lie in the spectrum of low to middle income countries (Ritman, 2016):

" I think they're also very pragmatic. I think they're definitely ideologically oriented. And it's the same for the Open Society Foundation, which, which is very ideologically oriented, but in a very interesting way, and much, much more progressive. So that is definitely something to that can be an done easily also with the project that Gates is funding in Geo engineering and GMOs in Education. I mean, it's very obvious that there is an ideological drive. I mean, I

guess everyone has their own ideological visions. So that's fine. Yeah, so that is definitely fine but the thing is that what they're funding us in doing it shouldn't have if, if we just do what they're asking us to do, should have anything to do with ideology. " (Philanthropic Organisation W)

Like any result driven model, a key objective of these GHIs is to engage as many powerful stakeholders as possible to maximise the chances of providing the services. In many cases, GHIs target specific regions and diseases. GHIs are driven by the funder's ideology and mission. As a case in point, the ideology of the BMGF is more programmatic as opposed to that of the Rockefeller Foundation which is more research focused:

"So we know that anything that we are going to be interested in is with the basis of supporting great ideas to thrive through research. If you go to Rockefeller, some of the programmes they do have similar research interests, others are more programmatic. If you go to Gates they are so much more programmatic than necessarily research focused. It's a question of, of how much all of our contributions have been contributing to a bigger, a bigger agenda." (Philanthropic Organisation O)

More specific concerns, such as focusing on financing a single disease cure or on specific politically specified goals have been driving the member states in the field over the recent years. For instance, much of the current funding for global health is being devoted to specific diseases, especially HIV/AIDS, TB and malaria. However, there are certain criticisms directed towards this approach on focusing on a single disease. Indeed, the issue of lack of balance in terms of targeting the wrong diseases has been raised.

This can be interpreted as a negative aspect of this ideological drive of non-state actors. An integral part of their mission is to enhance their legitimacy through the communication of disease elimination stories. However, as they seek to increase their legitimacy in the eyes of the key opinion leaders and general public, there can be a tendency to neglect diseases which are considered to not be "sexy":

" Targeting diseases that primarily they wouldn't be targeting. And I think that the rigidity, in their approaches because of that, just because they you know, they probably have a big board of people with a lot of knowledge on global health issues, but also a lot of pressure by, you know, shareholders and the public. Also, to the public is starving for big, big story, you know, eradication story of an elimination story. And I think that's also something that drives a lot of the force behind that, if we want to be that big in that scenario in that role, I think we should put all of our efforts into that. And the problem is that again, it's fine if this happens, that I think the big issue for me here is the fact that this might cause this lack of balance," (Non-Profit Research Institution A)

New co-operation trends in the Global Fund and GAVI can be seen to be a method of seeking to harmonise co-operation more with national goals, particularly through the use of fiduciary funds and charitable donations by donor governments (and emerging participants like the Gates Foundation). Furthermore, private foundations find it easier to distil their ideology, as they are not accountable to any member state or government. On the other hand, the World Health Organization cannot be too critical of member states practises and operations which mean that they find it harder to homogenise the system:

"I think one of WHO's problems is that they, they're kind of invited by the country, so they can't be too critical. You know, you can't say to us, you cannot do that, because, you know, the country will say, well, you go home then. And then they want they asked for another WHR, you know, the representative." (Non-Profit PPP M*)*

Henceforth a clear ideological drive and relatively non-existent accountability towards local country governments has enabled non-state donors, via GHIs, to crystallise change in the network. This enhances their capacity to crystallise change in the GHI network.

7.2.4 Holistic attitude

It should be noted that simplifying the work of GHIs to only support low to middle income countries in terms of funding and financing would be an error (Ogundahunsi, et al., 2015). While there are some GHIs who specifically engage in such schemes, there other GHIs who seek to establish long-term sustainable change by concentrating their activities on long term policy development, integrated healthcare, research and development of new chemical entities and training of field workers in targeted deprived countries. As mentioned above, key to their objectives is a *holistic* drive towards a commitment to grow the network of participation with the alliance of new actors who will then be given specific roles once again aligned to long term sustainable objectives:

"And in that we have people that do modular photovoltaics, their engineers looking to clean water pumps in rural Africa, there's no distributed electricity going to it, it's got you've got to have its own power source. And so, they look to make partnerships in this. " (Pharmaceutical Company Q)

There have been critiques that the vertical approach adopted by GHIs tends to be based on short termism, However, it cannot be denied that innovations such as modular photovoltaic, can help to fix broader issues such as water and sanitation at country level. These innovations might trickle across to boost health systems within local communities in fragile states.

7.2.5 Rigidity of WHO

On the other hand, the World Health Organization due to its commitment to its member states and lack of funding and resources seems to have less flexibility and is seen as a more rigid organisation. This rather pragmatic mindset portrayed GHIs, backed by non-state donors to be more enterprising and innovative. By being seen under such positive light, GHIs are deemed to be more efficient. Non-state donors use this portrayal of efficiency to crystallise change in the Global Health System based on their ideology and mission:

"They do have less flexibility than the other than then the new type of organisations like GAVI and things like that. Because they are part of the UN system they do, they can't just, they have staff that have been there for a long time. So, it's a much more traditional organisation. It doesn't have as much flexibility to move around. And of course, the big thing is, they have country members, they have to agree on everything, right. So, which is not necessarily the case with things like, GAVI."(Non-profit PPP J)

There are however positive signs that under the leadership of Dr Tedros, the WHO has started to engage extensively with the non-state donors. Furthermore, they have also been adopting models that are prevalently used by GHIs in the global health field. Nevertheless, critiques do contend that this alignment between the "normative guidance" body and major donors such as the BMGF, might lead to further issues around transparency and accountability.

7.2.6 Monitoring and evaluation

The risks and costs of developing new products for neglected diseases can be assumed to be the same as for other illnesses. Production of pharmaceutical products is usually very expensive and dangerous. However, exact details are usually inaccessible or incomplete at the expense of R&D for pharmaceutical companies. When businesses provide cost data, the measurement of R&D costs or what is included in the cost is not stated (Waye, Jacobs and Schryvers, 2013). A drug in the form of NCE is expected to take 5-13 years from scientific breakthrough to when it is commercially available. With vaccines, it can take 12 years to complete the R&D phase. Failure rates (probability of failures) in the breakthrough stage may be close to 60 per cent higher. Reported R&D cost figures differ widely with the methods, data sets, sample and time frames differing from current studies. A new analysis by health economists, for example, estimated that the net median cost of R&D could be between US$ 13–204 million, although current estimates range from US$ 161 million to US$ 1.8 billion (Clendinen, et al., 2016).

Risks and costs are key bottlenecks that inhibit the *crystallisation of change* and prevent the delivery of excellent market mechanisms which can then be used to boost R&D in both neglected and other diseases. Hence, the use of modelling analysis in monitoring and evaluating risks and costs is crucial, in order to successfully develop new products for

neglected diseases. GHIs use research institutions who then use modelling analysis to design a number of scenarios to prepare and tackle any key bottlenecks:

"For us, it's actually limited to the Ministry of Health, who then go to minister of finance, etc. But for, you know, you kind of everyone gets together and tries to understand what the problem is, and how best to allocate those resources. And where we come in is, we essentially provide an analysis. So it's kind of modelling analysis with a number of scenarios. What are you considering? What do you value as health maximisation protection… So you kind of establish criteria that are nationally that are a national priority... And based on that, you run an analysis and you go kind of, okay, is your first scenario where you propose this; second scenario? " (Academic Research Institution B)

The assessment of the donors' interaction with GHI partnerships (PPPs) usually takes place through appraisal processes. From a donor viewpoint, value-for -money (VfM) explanation is the key argument underpinning the assessment of PPPs and their operations (see Boulton et al., 2014). In general, VfM seeks to illustrate optimum utilisation of donor capital to produce the desired results which ultimately contribute to new drug development.

" in terms of we, you know, because it's important for us to have independent assessors, essentially. So, I mean, a lot of it's done through external partners and Alliance members, like research centres, and external monitors. So in terms of looking backwards, we look at impact evaluations, that kind of stuff is independently assessed, as well as looking at the future." (US Government Agency J)

"Yes, it's mostly like your mission indicators, like how many children have been immunised with GAVI support? What is the impact in terms of deaths subverted in terms of strategies? Like in the future? What would be the most impactful? If? What space would we be more impactful? and things like that, basically? "(Non-profit PPP J)

In order to be able to sustain and build the capacity to crystallise change among multiple stakeholders, monitoring and evaluation instruments are thus considered instrumental. These instruments, if properly aligned, strengthens the efficiency of the decision-making model.

7.2.7 Unmet expectations

Donors were frustrated with the management process of the WHO which included, in part, concern that the WHO could not handle the position of the collaboration of rival UN HIV/AIDS agencies. Researchers have also indicated that WHO's weaknesses and the lack of confidence donors have in WHO's efficiency help to explain the roots of UNAIDS.

The approach to change became more apparent after the financial crisis of the 1980s, as new relational networks and control mechanisms were introduced by theorisers in conjunction with the new professional roles. Change agents such as the BMGF worked for a more detailed and fundamental reform.

This led to the proposal to change not just the brand, but also the network setting in which everyone attempting to act at the level of health initiatives would function; it also changed the allocation of power within traditional institutions:

"Sometimes when those expectations are not met, I think at some point you find some frustrations, because sometimes there is a great idea of having public and private collaborating. If you don't see then all the changes happening in the surroundings and environment, for example, where these PPPs are supposed to be benefiting, for example, in some low middle-income countries. I think there is some risk of actually questioning the sort of long-term sustainability of these partnerships." (Philanthropic Organisation O)

As these partnerships in GHI's are inherently dependent on collaborations, unmet expectations from any of the other collaborators might lead questions over the long-term sustainability of these partnerships. Henceforth, the capacity to crystallise change critically hinges on the efforts of collaborators to meet expectations.

7.2.8 Rate of implementation

However, the new GHIs and their innovative relational networks tend to be more dynamic and reactive. This subsequently helps non-state donors to strengthen their legitimacy even further:

“So, for example, the private sector tends to be way quicker and more reactive and dynamic” (Philanthropic Organisation O)

The World Health Organization is perceived to be very rigid and slow to implement changes. This factor has meant that private foundations have grown rather suspicious of the World Health Organization to implement initiatives and change in a dynamic fashion.

"Whereas the public sector tends to be a little bit more slow and a little bit more like, you have to move things very slowly." (Philanthropic Organisation O)

The World Health Assembly which is the governing body of the WHO is made up of Ministers of Health from member states who each have their own regional organisations. These regional organisations are themselves intertwined in their own independent governance structures. This convoluted web of governance can be interpreted as one of the main reasons behind the rigidity of WHO:

"The World Health Assembly, which is made up of ministers of health from every country in the world. And then they and that make decisions at the global level. And then they have all these regional organisations as well, which have their own independent governance structures. And I think it's very difficult, because they have separate governance structures. It's difficult. It doesn't operate like UNICEF or UNDP, which has much more authority over it’s not they're more of a kind of vertical programme structure, where whatever the centre says that the region's kind of have to do it. But WHO doesn't operate like that at all" (Historic Academic Institution Z)

In order to circumvent the rigidity posed by the WHO, non-state donors have thus used GHIs such as Global Fund and GAVI to implement dynamic changes in the field:

"I think that private foundations are rather suspicious of whether WHO has the ability to ever get anything done. And so that's one of the reasons they set up all these independent initiatives is to get around the WHO?" (UK Government Agency Z)

This last quote is quite pertinent when it comes to the dissecting the origin of GHIs in the global health system. The lack of trust in WHO by prominent non-state donors has meant that actors such as, the BMGF, has circumvented the WHO by creating GHIs. They have imbued them with dynamics from the corporate world in order to make radical changes in the global health field.

7.3 Degree of trust in accepting new approaches

Trust is one of the major challenges in inter-organisational relations (Harris, 2006; Lumineau, 2017) that mitigates risks and ambiguity in principle (Rousseau, 1998). Competence trust, in a relational inter-organisational sense, refers to one partner's faith in the other's skills. While the PPPs lack the ability and power of private pharmaceutical firms to conduct research and development operations, the participation of board members and scientific and technical experts gives donors the trust that PPPs holds the human capital and skills required to ensure the successful and productive production of new drugs (Naciti, 2019; Velte, 2017). The second consequence of including seasoned board members and science and technological expertise, is in legitimising the PPPs.

7.3.1 Openness to different mandates

WHO's openness to accepting *different viewpoints* present in the field could be attributed to the limited use it can make of voluntary contribution. As such, WHO has had to accept the different mandates, remits and approaches that are emerging in the field:

"And I think, the same way you could talk about Gates Foundation, we talk about Rockefeller, about many other foundations and I think, all of those have their own internal priority setting and really good idea of what their remit and mandate is, for example, ***if*** *you're talking about Welcome, our specific approach is improving health through research."*(Philanthropic Organisation O)

The GHI field emergence promoted the changeability of ideals as well as choices. Alternative responsibilities were taken up by professionals involved with health initiatives and alternative models have been created; these alternatives were deemed entirely *valid*. Actors supported more dynamic and blended agreements that enabled them to *make choices* from around the PPP subfield via collaborations and partnerships.

The use of evidence-based intervention is crucial for GHIs such as the Global Fund. Field actors gain a *higher degree of trust* when they observe the strong technical oversight and independent technical review mechanism undertaken by GHIs such as the Global Fund, before the disbursement of funds:

"I think there's been a strong technical oversight and independent technical review mechanism at the Global Fund that has tried to ensure that there's a balance between sort of evidence-based interventions that are invested in by the Global Fund and those that are really determined by local country contacts. " (Non-Profit PPP R)

Professionals in the GHI networks augment public sector practice. A clean-cut overhaul has maintained the intrinsic continuity of the overarching professional logic of assistance and the adherence of its standards and procedures. These influences have reflected themselves more clearly in the development of complex relational networks and control mechanisms, and in the acceptance of new approaches. There can, however, be several divergent perspectives, and there are occasions where field misalignment resulted in a fragmented process:

"But it's true that the PPPs have not been super cooperative, because it's not, it's not in their mandate to do policy and advocacy. They're very interested in doing policy advocacy, to get more funds from the EU to do their work. But not to ultimately change EU policies so that they are more conditionality to getting public funding, which is our interest to getting public

funding, we would like The EU, for instance, to make sure that whenever someone applies for funds, that there is an access plan that they have to fill in that they have to, and that is a criteria of how the money should be allocated. And then there is also monitoring and evaluation, you have to show like, what would be the impact if they make this product accessible, etc?" (Philanthropic Organisation W)

Despite being a key cog in the Global Health System, GHIs, such as PPPs do not actively engage in policy and advocacy at the global level. There is a school of thought that PPPs should use *the trust* gained in the network to change policies with regards to funds accessibility, monitoring and evaluation.

7.3.2 Openness to different perspectives

A crucial ramification of the asymmetric partnership between donors and PPPs is that attempts to produce new medicines and services may in turn contribute to a situation where the goods or services produced in the process do not reach the disease-endemic countries directly. In other words, donors' emphasis may not be aligned with the needs of the disease endemic countries and as a result, the PPPs product range does not apply specifically to addressing the needs of the countries. This may arise due to the inability for collaborators to *trust* new perspectives. Indeed, there are instances where new approaches and practices of dealing with non-state actors are not taken up by field participants. Some participants might stay rigid and only engage with state-centric bodies:

"an example is one donor we did a piece of work for which they were selling, so they were introducing a commodity, which would be really well placed to be supplied from private pharmacies in developing countries. But because the donor just always worked with the Ministry of Health, work through the health clinics, etc, that it just wasn't presented as an option to even discuss it with, with pharmacies, who actually, I think we're better placed." (Independent Consulting Firm K)

The openness to *trusting* the presence of different views within the same area may be related to the versatility of a revised logic to be accepted. A defined institutional framework will

allow a variety of legitimised identities, relational networks, control mechanisms and practices to occur simultaneously even if the approaches were derived from other environments. Others, however, prefer continuity, and thus *oppose* such ideas that are not entirely coherent with previous assumptions:

" So, you know, the Gates Foundation funds GAVI Alliance, different countries have different perceptions about the utility and cost effectiveness of vaccines. Some countries don't believe in vaccination, even though we have a policy and evidence level. So there have been seen to be instances where international organisations are pushing vaccines on countries through GAVI, including Gates Foundation, as well as others, and that local countries have really pushed back because they felt that their population was having vaccines or drugs pushed upon them by international organisations. So really, that kind of undue political influence from an international organisation on a local country population is where the difficulty lies." (UK Government Agency F)

Despite having clear evidence that vaccines are the most cost/clinically effective intervention in a health system, some countries have different perceptions about their utility. Some countries also refused to interact with GHIs because they felt that there is an undue political influence from prominent non-state donors such as the BMGF. There are claims that, these organisations are pushing/forcing vaccines onto local population in disease endemic countries.

7.3.3 Recruitment and model of governance

The *trust* in these new GHI networks was further built on by their model of recruitment and governance. Broadly speaking, PPPs include two groups of persons who are vital to their operation. First, in most PPPs, the central staff consists of experienced people with *expertise* in the field of neglected diseases in public health, and research and development. These persons, in conjunction with the board, advisors and organisational structure of the PPP, play the vital role in the creation and formulation of the strategic alignment, and thus helped to perpetuate this *notion of trust*. A key impact of this new model is therefore the amalgamation of staff that have had expertise in the field:

"And I've also been a part of different organisations. So at some point, I was representing academia. And another point I was representing medical doctors and health professionals in the field, then went on to do international organisations and now from donor's perspective." (Philanthropic Organisation O)

The second group of people is project administrators, who have previous *expertise* in supervising and overseeing addiction treatment projects. While the first group of people offers strategic guidance for PPPs and surveys, as well as recognising prospects in the land of medical research and engaging with funders to raise money for the creation of innovative drugs, the second group creates and accelerate drug exploration and production efforts in partnership with numerous institutional partners in the global health innovation environment.

The continuous adoption of new concepts and their embedding into the emerging systems have helped players to build a modern PPP framework and improve its *stability*. It also allowed them to clarify the ties between the new health initiatives and improvements in the drug supply system, thereby increasing the trust of the new model.

The overhaul of health initiatives was part of a larger strategy to improve the drug provision that has been implemented over the years, creating a more streamlined and cohesive treatment system that could be *relied upon*. Proliferation agents organised the overhaul of the health initiative in a very systematic manner, ensuring that the "whole package" was continuously modified over time. They legitimised the new identities in the field, but also

changed other elements, such as entities, legal standing, funding processes**,** *status of the decision-makers* and service delivery frameworks, and directly related them to the new identity:

"Yes, so the way it works is your seat on the board is more or less determined, in some sense by what kind of donor you are. So the US government, for example, is our biggest donor, and they have their own board seat. The UK is similar in that they have they are the second or third biggest donor, depending on the foreign exchange rate at the time. And they also have their own seat. The private foundations have a board seat. And then within that constituency, they determine who their representative is. But our biggest private foundation donor is by far the Gates Foundation." (Non-Profit Agency R)

In that regard, prominent non-state donors such as the BMGF occupy seats on the board of major GHIs such as the Global Fund, alongside the US and UK government. This allows them to have a strong input with regards to *recruitment and governance*.

7.3.4 Success criteria

PPPs will work on a non-profit basis if they are able to obtain enough financing for their research and development programmes and operations; therefore attracting funds from donors is an important component of the PPP. The returns to investment criterion for public and philanthropic donors diverge from the shareholders in the R&D model for the pharmaceutical companies. Philanthropic and public donors also do not place the same stress on profitmaximising as for-profit firms do. PPP donors' *ultimate performance indicator* is in medical products developed to satisfy deficient patient needs. Non-profit PPPs would operate if they can obtain adequate money for their research and development projects and activities. Hence, an important part of the PPP is collecting funds from donors. The returns for public and philanthropic donor's investment criteria differ significantly from investors in the pharmaceutical companies' R&D model. Often, philanthropic and charitable donors don't put the same emphasis on optimising income as for-profit companies do. The main *trust and success measure* for PPP donors is in medicinal products that have been produced to satisfy inadequate health care needs and sharing those success stories via publication and communication.

Consequently, concepts around medical product development have evolved in the field. Professionals have worked progressively and have taken increasingly informed actions via the new relational networks. The prevalence of old principles, attitudes and activities as a result of the change has now been minimised, thus promoting the quick exclusive application of new ideas relating to medical products supply. This removes the integration gap and reduces the inconsistencies between the desired improvements and the actual application.

Thus, in order to cross this divide between desired progress and improvements in practice, proliferation agents such as the BMGF needed to provide resources for the field professionals to fulfil their function. As such, investments in the Institute for Health Metrics by the BMGF has been identified as an important instrument to bridge that gap. However, the main criticism of this metric is that the data sourced from the surveys may be outdated:

"So, GATES has spent a lot of money into the Institute for Health metrics. And for vaccination to try to get some national data which in principle is great. But the approach that IHME has taken is really just trying to, it's very removed. It's based on surveys that were done, you know, years ago, on DHS surveys that were done you know, like, at a very disparate interval. And they use basically, the use a lot of, you know, regression methods to get to once a one metre by one metre type of coverage questions. But if you really delve into that, and you think about what's happening on the ground it's very far from that.." (Nonprofit PPP J)

In addition, change agents such as the BMGF shared their viewpoints and combined the efforts of other players thereby establishing integration of the PPP subfield to a single paradigm. Incorporating the reform via the sharing of viewpoints was one of the *success criteria* in the process of the changing of health initiatives:

"I think some of the objectives are very clear, but at the same time, I think we also have to keep in mind that they are also driven by a lot of media and communication and publicity. And I don't want to say that this is the driving force behind it. But of course, they would like to work on something that they can, you know, publicise widely and broadly, if something

happens, you know, so it's much more interesting to, I don't know, to focus on something that will give a big return in terms of attention, media attention, that's something that's, you know.." (Non-profit Research Institution A)

As detailed previously, the aspect of communication and publicity is crucial for non-state donors such as BMGF. Hence, a major part of their success criteria is generating media attention via the sharing of their success stories. It is important to realize that this sharing of success will increase their legitimacy in the field and allow their approaches to gain a *higher degree of trust.*

7.3.5 Providing strategic support to engage the professionals

The final sub-element in the factor of- degree of trust in accepting different approaches- is that of the provision of strategic support. Economic theory has shown that collaborations between large pharmaceutical companies and PPPs which are limited to shareholders' values in terms of R&D resources sharing for neglected diseases, should not ideally exist (Muñoz, et al., 2015; Pereira, et al., 2020) Yet these alliances actually come about via PPPs. The private sector does not want to participate exclusively in a variety of R&D activities on neglected diseases for the production of medicinal products. However, under the GHI network it seems that, if the costs and risks are minimised, other factors like a benefit to public relations might occur, then the private sector may be driven to collaborative efforts. PPPs focus around *generating evidence* allowing the minimisation of costs and risks. For this reason, more and more pharmaceutical industries are now aligning with the network of GHIs. This would not have been possible in the initial set up of health initiatives. Hence the degree of trust can be enhance on the basis of "evidence-based trust":

"Yeah, in terms of them impacting priority setting, I wouldn't say so. They're not they're not policy makers, you know, yeah, they're not policy makers are not policy focused institutions, they're more around generating evidence, they can actually feed into policy processes and kind of better ones rather than ad hoc decision making" (Academic Research Institution B)

Through cooperation with PPPs, pharmaceutical companies are also able to maintain shareholder *trust* and interest, by using- development methods and technologies, and producing and selling end products,with lower risk and less cost. Accordingly, PPPs can use scientific, biotechnological and major pharmaceutical companies as information sources for discovery projects.

For research projects, they can negotiate access. PPPs also employ pharmaceutical firms for manufacturing, the latter offering in-kind services to lower cost of production such as provision of equipment and staff resources. Henceforth, weaving this web of strategic support is an important element in creating a higher degree of trust for these new partnerships in the network of GHIs.

The new ideas were integrated particularly due to the corresponding day-to-day activities and their repeated usage in the last phases of the proliferation process. Medical product provision frameworks have been correlated with specific relational networks, control mechanisms and practices. Therefore, this convergence of ideas and principles, in conjunction with the gathering of strategic support, and technical expertise, led to the proliferation of *trust* in accepting this different strategic perspective at tackling health problems:

"Yeah, that's more or less my role. Yet, though. I acted as advisors to the Gates and a number of their programmes. And I do the same with WHO done some work with the World Bank. So generally, what happens is that these organisations look for technical expertise in a given area, whether that be from a strategic perspective. So health systems strengthening and innovation programmes can be gathered to work together to support those aims, or whether it's specifically a given area like improving value for money or control of non-communicable disease. " (UK Government Agency F)

However, there are critiques that this process is dependent on good data sharing. When there is a breakdown in the practices of good data sharing and practices, it can lead to severe under-funding of certain diseases. A case in point is that of Bolivia who receive 10 to 15 times more funding for HIV as opposed to Chagas Disease. However, the HIV prevalence in Bolivia is very small as compared to Chagas and other diseases. This has been attributed to very poor data collection and sharing:

"So I was reading once about Bolivia who have very small HIV prevalence very small, but then it has a lot of Chagas and other diseases that are very prevalent. But if you look at the funding for each one of these conditions, so HIV receives like 10 to 15 times more funding, than Chagas disease or any other disease like more emerging viral diseases, etc. Because, you know, the problem with there's very poor data sharing because there's very poor data collection. So I think that if there is one main thing that needs to be addressed to make the Global Health it is data sharing…" (Non-profit Research Institution A)

An issue that needs to be addressed in the global health system is that of data sharing. Poor data collection has meant that high prevalence diseases, such as Chagas, receive substantially less funding as compared to low prevalence but more "popular" diseases such as HIV.

7.4. Legitimacy of proliferation agents

7.4.1 Societal status and history of institutions

The next factor is related to the legitimacy of the change agents in the field. The first sub-factor to discuss here is that of societal status and in particular the role of historical institutions. Change agents such as the BMGF, are increasingly aligning themselves with historical institutions such as The European Union to drive policy change at the highest level. This allows them to engage in socialisation and enhance their *societal status* in the field:

"So yeah, they're involved in policy change, but the policy change that interest them, they are very good at policy analysis, they have very good contacts at the highest level… they're quite powerful. And that has pissed off quite a lot of members of parliament when they started doing memorandum of understanding with the director general for research. And yeah, the weight that they have in certain institution definitely is. But I mean, this is also because of the legislature that we have now on the political system we have in place in the EU, which is very much on the right, which is very much pro-growth, pro competition, pro neoliberal economic models of developments." (Philanthropic Organisation W)

Prominent non-state donors such as the BMGF, excel at policy analysis and through the socialisation process have been able to garner very good contacts at the highest level. As an illustration of their influence, the BMGF have imprinted their ideologies through documents that are termed as "memorandum of understanding". This memorandum was validated by the Director General of Research at the EU. It is important to realise that non-state donors such as the BMGF might be trying to encourage growth and competition in the field through these involvements at the policy level.

7.4.2 Socialisation platform

The next sub-factor pertaining to the legitimacy building is related to the importance of recognition and prominence. Public health scholars conceptualise the development and functioning of PPPs in the wider sense of the ecosystem of medical product/health innovation that operates outside national borders (Munoz et al., 2015; Papaioannou et al., 2009; Pereira et al., 2020). The product development environment consists of, among others, (a) the business and non-profit sector including (bio) pharmaceutical, medical and R&D organisations; (b) government agencies including national regulatory authorities. And; (c) individuals (including public health experts, scientists and decision makers in infectionendemic countries and patients) who have an endemic environment.

Essentially, the ecology of innovation is made up of several players participating in the development and delivery of medicines, vaccines and diagnostics for neglected diseases, and is affected by external influences, including those relevant to public health policy, funding, legislation and intellectual property rather than human capital and infrastructure. Hence, the GHI network can be viewed as a platform for actors to socialise and collaborate towards a specific objective. This platform has resulted in the setting up of events such as "science communication festivals" where different actors (peer to peer, civic society, private foundations etc) engage:

"we put a science communication festival via the Welcome Trust every year. We are at the fourth year, we had this year's one, just now, we get a lot of awards in that as well. And I always get the impression that for a while, it has been peer to peer. Yeah. And maybe that's because of the stakeholders involved. That's what I think they're starting to reach out now that we've seen a turning in that over the last four years of this festival that we've run. It's starting to turn outside of that, I think this is, this is also part of the realisation process, and that they are this, the, the communication that they do, can actually bring in civic society, you know, different actors' image. " (Non-profit Organisation Q)

However, there are certain criticisms directed towards major players such as the BMGF, who use this socialisation platform created by the GHIs to drive the whole agenda in global health initiatives. The non-state donors are the key driving force behind these new GHI networks. Markedly, the BMGF have also driven the London Declaration for Neglected Diseases in 2012 by bringing together other private foundations and pharmaceutical companies:

" I think it was two years ago when I was in Geneva for a big meeting, I worked a lot of neglected tropical diseases. So, this meeting was the NTD Forum was a big meeting and you know, that there is this there was this London Declaration on neglected diseases which was signed in 2012. And basically it was driven by Gates and you know, the Gates Foundation brought together a lot of institutions, primarily private institutions, private, big pharma, and some NGOs and some other smaller private foundations that were they were working on neglected diseases and they made basically they built this roadmap with very ambitious goals" (Non- profit International Agency A)

The BMGF is seen as a key driving force behind the setting of the goals for tackling neglected diseases. The BMGF have acted as a catalyst to bring and engage diverse stakeholders.

7.4.3 Personalities

The BMGF has been a significant new head of global health since the millennium. At the end of 2013, it retained the status as the world 's largest philanthropic organisation with an endowment of about $41 billion, with several more billions promised by Warren Buffett to expand its work (Sridhar and Clinton, 2017). It retains seats on the Global Fund and the GAVI Boards, which represent the value of its donations over time, and it is the largest or second largest volunteer fund lender. Another factor that drives the *legitimacy* of main change agents such as the BMGF is that of the personalities associated with such private foundations:

"So, because of his clout, of his high profile, he's able to use that to leverage to influence policymakers to give them money to specific causes, as opposed to another. So again, there's an element of, you know, one person's agenda or one agency's agenda, to move funding towards that…" (Historic Academic Institution V)

There is also evidence of private foundations such as the BMGF, enhancing their own validity by recruiting personalities who have been successful and gained legitimacy in fields such as biological drugs for cancer. Notably, the appointment of Sue Desmond is an eye

catching one. Sue Desmond was the previous medical director for Genetec, and she played a prominent role in the development of biological drugs for cancer:

"And then the CEO is also this woman who was very successful in registering and bringing to the market, I think biological drugs for cancer. Sue Desmond, and she was very successful. You know, being the medical director of I think it's Genetec, the company, and, you know, highly successful, very ambitious, and, again, with a lot of legitimacy by the opinion majors, yeah. And have that beyond the beneficiaries, as also this is, you know, have that, that difference between the, and I think that they might also invest in the communications for the potential beneficiaries, but also for it for the opinion makers, like key opinion leaders in the world and people who will be looking at those kind of legitimacy and say, okay, who do I trust?" (Non-profit Research Institution A)

Through the recruitment of these highly successful and ambitious personalities, non-state donors enhance their own *legitimacy* in the eyes of potential beneficiaries as well as key opinion leaders in the field. An important point to highlight is the shifting dynamics in the notion of trust in the field. In the early years of health initiatives, the trust and legitimacy lay with individuals in the public health. In the contemporary health initiatives, the trust lies mostly with individuals with a track record of success in the non-state sector.

7.4.4 Leadership

Leadership has been uncovered as a key sub-factor with regards to the legitimacy of proliferation agents in the field. As autonomous agencies, PPPs also utilise external input from the worldwide public health environment. Actually, any degree of control is only privately exercised by donors. WHO are now increasingly seeking to engage in providing coordination in setting goals for R&D in neglected diseases. They are also collaborating with other emerging multi-stakeholder organisations to help purchase and disburse innovative medical products such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance. Since the inception of Dr Tedros (Ghebreyesus, 2017) at the WHO, there has been a marked openness towards collaboration with the private sector.

The old leadership was however more reticent on such partnerships:

"And I think they're I think there was an interesting period when Margaret Chan the previous DG finished her term and Dr. Tedros started, and I think there was a period where no one really knew what was going to happen. I think Dr. Tedros has, you know, leadership

has been quite interesting to, to witness, I think he's taking WHO to the next to the next stage. "(Philanthropic Organisation O)

The new leadership of the WHO has on the other hand, been more flexible towards partnerships and collaboration with the private sector. This can be viewed as an attempt for WHO to reconstruct its identity and strengthen its legitimacy in the field:

"And I really appreciate that Dr. Tedros and his office is really looking at a strategy and the global programme of work that is actually quite strategic and clear, looking at the 3 billion target, looking at prioritising certain areas for the next five to 10 years. And I think that's the way to go, sort of providing really strong leadership, a lot of charisma to make sure that countries and partners come together and are able to sing to at least play different songs, but really being mastered by the same agenda, I think has been quite successful with that." (Philanthropic Organisation O)

The aspect of leadership from Bill Gates in the construction of legitimacy of change agents such as the BMGF has also been underlined. In particular, Bill Gates is seen as being a leader who seeks to "put his head above the parapet". He is not recognised as being a leader in terms of day to day activities but more about external management:

"I think Gates has shown extraordinary leadership, really, in the global health field. I know, I know that he's been critiqued in other fields, but I think it's amazing what he's done. I don't think he's an easy, day to day kind of management type leader I think he struggles. You know, sort of internal management, I think he's quite tricky on a personal basis. But I think he's shown extraordinary leadership. And it may be that it takes people that are more tricky to sort of put their head above the parapet and do that kind of thing." (Historic Academic Institution Z)

" I think they've been able to, I think they can do things that sometimes multilateral organisations that are governed by member states are restricted to do. You know, Gates Foundation has been really key, and I go back to Gates, so often, because there's such a big partner, and they, you know, they are such a massive foundation. But they've really been able

to invest in innovations that are harder for other institutions to invest in with public money.." (Non-Profit PPP R)

Nevertheless, the change in leadership at the WHO and its closer alignment with major non-state donors such as Gates Foundation has also given rise to some critique. Indeed FENSA which is a framework built around controlling and managing private sector involvement at the WHO, is set to be reinterpreted by the new leadership at WHO. The emerging legitimacy of BMGF and its close alignment with pharmaceutical industries, has meant that the reinterpretation of WHO Framework of Engagement with Non-State Actors (FENSA), has raised eyebrows about the undue influence of this new leadership in the global health system:

" FENSA, which is basically designed to kind of manage conflict of interest, within and approaches to how the private actor is engaged, was one important piece of work, which was done at the global health level, to try and determine how and when these private entities should engage with and how they should engage with WHO processes. Again, worryingly that looks like it could be being reinterpreted at the moment by Tedros the new leadership at WHO.. " (Public Global Health Agency R)

WHO Framework of Engagement with Non-State Actors (FENSA) is a key framework when it pertains to managing the influence of non-state donors in global health. However, as has been evidenced in the quotes above, the alignment of the current leadership of WHO with major non-state actors such as the BMGF could mean that FENSA could be compromised.

7.4.5 Role of academia in legitimising identity

The final sub-factor to be analysed in the context of legitimacy of proliferation agents is that of the role of academia. Academia and other public research agencies, although determined to meet the unaddressed medical needs, may not in fact, have all the tools, expertise or attributes required for conducting medical product R&D. Public sector research and development agencies traditionally focus on the innovation and advancement of technology (upstream) and translational work, while industry focuses more on product development (downstream) and drug approval initiatives, production and expanding supply chain processes. For GHIs, success is not simply the creation of a product but it is also the amalgamation of academic experts in the field.

In fact, the greater the prominence of academic figures within society in general, the more they have become able to promote knowledge of emerging ideas and affect government decisions. To demonstrate this increasing role of academia, it is important to highlight the growth of university departments related to global health. The enormous funding of the BMGF towards historic institutions such as Oxford University and the increasing prevalence of global health related courses at Universities are a testament to the growing role of academia. Through these educational activities, the new concepts around global health become theorised and set in stone. This aids to propagate even further the legitimacy of the proliferation agents in the field of global health:

"And then you have universities, you know, so who also tried to capitalise on this? I mean, if you looked at the the university/public health school 15/20 years ago, you wouldn't see global health so much on that agenda with exceptional, maybe look, Liverpool University, Leeds University, or Howard University, Johns Hopkins. Now, almost every university will teach something along the lines of global health(Save The Children).I think was last year, about a year ago at Oxford University…. receive, you know, millions and millions of Gates money to do research.. "(Non-profit Organisation V)

Nonetheless, there are certain critiques that are attached to this rise in the role of academia. There are claims that the prevalent academic institutions such as Johns Hopkins University might have excessive influence on the administration of health programmes in countries such

as Cote D'Ivoire (CIV); whilst their main aim as academia should be at producing analysis to aid the development of health programmes:

"a lot of the money I mean, you know, not to be, you know, at least 50% goes back to, you know, whoever is no, yeah, yeah, the US entity essentially. Yeah. Yeah. So that's, that's part of it. In other countries, I used to work on CIV quite a bit. And they basically the money goes directly to US based NGO, the US based NGO sets up in CIV, and they run the programmes from there. So again, a lot of the money goes back to US NGOs, you know, things like ICAP, which is a Columbia University. They also have quite a bit of what is that one from John Hopkins has also an offshoot organisation that has a presence there. So a lot of the money goes back to them. And they, they administer the programmes."(US Government Agency J)

Academia has thus taken a crucial position as theorisers of transition, and has retained it throughout the whole period. Especially during the initial shift phase, academic institutions have leveraged their personal academic status and professional prestige, as well as the credibility of universities within society, to enact values that stem from the professional logic of integration. They have used their links with the international research community to familiarise themselves with the new discourse, and to inseminate practical knowledge of the new processes in the environment:

"So normally its a government is considering changing up its strategic priorities, they might get in touch with the development agencies such as, you know, the World Bank, and the World Bank, then commissions, essentially, consultants or partner organisations, which tend to be universities. And then they'll say, look, you know, there's, there's this kind of policy process going on in the country, and they're looking for some evidence to inform what it is that they'll end up going for. Whether that, you know, the role of us at this sort of universities ends at producing an analysis, there is no policy engagement..." (Academic Research Institution B)

Simultaneously, this identity has been passed to their peers. In particular, they have used their practical experience and professional skills to legitimise the identity of non-state donors within the existing environment, and to support a change in approach. The elevated profile of academic leaders has helped them to legitimise the identity of non-state donors in GHIs.

7.5 Feasibility of identifying a strategic field nexus

Next in the analysis of contextual factors is, the feasibility for professionals to clearly identify a strategic field nexus. The coordination of initiatives meant that a common vision was implemented, and the other related players were actively involved in the transition. In the central government and in most local areas, a nexus of proliferators linked the supply of medical products with the increasing decentralisation of government and privatisation in all sectors and have received crucial support from the political leaders. Hirst and Humphreys (2013), showed how the development of a strategic hub can be a central factor, in allowing a more focused attempt to turn the conventional field into a new networked organization:

There was a clear focus on the bottom-up legitimisation of the identity that was widely adopted by most in-field professionals. This legitimisation of identity was propagated through clear and cohesive relational networks, control mechanisms and practices.

7.5.1 Mission synchronicity within the strategic support network

In order to build a field nexus, the addition of key actors to provide strategic support was considered to be of crucial importance. Large pharmaceutical companies are historically hardly ever willing to share expertise outside the company. However, there are increasing trends in subcontracting research, merger, acquisitions and in-licensing compounds from biotechnology firms (Schuhmacher et al. 2013). It seems paradoxical that pharmaceutical firms are able to invest in PPP-led R&D ventures, because they are typically boxed into finding the next breakthrough drug (Cockburn, 2006). Along with pharmaceutical industries, this field nexus has also extended to other organisations and professions:

"So, you see also a lot of people joining organisations who you didn't see in the past both for WHO and private foundations, you know, doctors working for organisations like Welcome like myself…. I think that creates sort of a, an interest in in organisations like Welcome and Gates that I think that was not there before."(Philanthropic Organisation O)

The feasibility of defining a *strategic nexus in the field* was essential to the logical evolution process, especially in the construction of new relational networks and control mechanisms.

The existence of a "nexus" for the transition increased the likelihood of developing a shared sense of identity, and of considering a uniform collection of concepts between the agents of change and the recipients. Pertinently, the internal concentration of proliferation agents and their subsequent capacity to express support and credibility is significant. Informants have constantly identified the BMGF as the catalyst in creating this *field nexus* in the ongoing emergence of networks of GHIs. Explicitly their private model approach was seen as key driver, as it allowed alignment of pharmaceutical industries (who were previously reticent to engage in neglected diseases) and thus use their capacity and skills:

"What the critique of the Gates approach is that they are quite embedded with the private sector approach. They like the kind of private sector business model, yep, they will always play in play the game on international, international intellectual property rules, etc, etc. So some people would argue that they are too embedded with pharmaceutical companies. I think that the Gates Foundation would argue that they are using the capacity and the skills of the pharmaceutical industry. And they prefer because of their own heritage within the private sector, to play by those game play by those rules." (UK Government Agency Z)

Alongside pharmaceutical companies the strategic field network is also saturated with academic and research institutions who have tended to be responsible for organising the measures to facilitate drug provision and health initiatives, by spurring innovation. This boost to innovation has led to the growth and creation of jobs:

"But what we've started to realise, okay, if research is not needs driven, because the research budget, which is a massive budget in the EU is under a budget heading called Jobs Broken Competitiveness. So basically, research and innovation is seen as a way to put closer together academics and research institutions so that it can really do a lot of research and spur innovation that then can help the private sector grow and create jobs, and can ultimately maybe once it trickles down the line benefit citizens with innovative technologies that we can use." (Philanthropic Organisation W)

Through their roles and behaviours, field professionals and participants thus represent a clear connection to the new *relational networks* and *mechanisms of control* that are prevalent in the

new global health system. Academia and research institutions spur innovation and help the private sector to expand. Alongside the growth of the private sector, it is envisaged that there will be creation of jobs and technological benefits that could impact the day to day life of citizens positively.

7.5.2 Ability to ensure support

In order to build the strategic field nexus which can be easily identifiable by field professionals, the sub-factor of political support is critical. The BMGF was the single largest contributor to the WHO to the tune of $300m in 2013 (Clinton, Sridhar and Sridhar, 2017). In return for this important contribution, non-state donors have been actively looking for a position in global health by seeking to be active policy makers at board meetings and international conventions. While they have a limited voice currently, their increasing role in the implementation of programmes such as the STOP TB Partnership, which seeks to tackle the spread of tuberculosis in low to middle income countries, show that their objective of being able to *vote on policies* will be achieved sooner rather than later.

Non-state donors such as the BMGF exert a lot of power through their funding of advocacy. These are termed as “elements of work” and these elements of work have been aided by willing players such as DFID. This willingness of DFID to participate ensures that there are no severe bottlenecks for BMGF when they set out their “elements of work”:

" So they (Gates), I mean, they exert a lot of power, through their funding of advocacy, and also through the world of the CO chairs and the best sort of privates. The kind of public, the government relations, I think they call it elements of their work. But know, they, in the end, governments will I mean, I wouldn't say that they necessarily changed DFID funding plans. They might have encouraged it along that particular path. But DFID was pretty much a willing player." (UK Government Agency Z)

At a more country level, in low income disease endemic countries, the health systems are often fragmented, and severely handicapped by low funding. This has created a void for non-state donors to fill via GHIs, with pre-programmed approaches. Alongside pre-programmed health approaches, GHIs might provide basic products such as fridges and generators.

Provision of these products and programmes has ensured *political support* from local country governments. As many country government officials lack the skills to manage these programmes on the ground, GHIs might also provide liaison officers at the Ministry of Health. These help to remove any barriers in terms of political support at country level:

" so the government, as we said, health systems, very poor, fragmented, low funding, no human resources, brain drain turnover, etc. And then, you know, then, these big, big foundations come with cash, people, you know, pre-programmed approaches, and then for the government, it's great to me, okay, that's whatever you want, we don't mind like you putting another fridge in our, our help centre, as long as you put a generator, you know, if you should put a person a liaison officer in our, in our Ministry of Health," (Non-profit International Agency A)

For certain PPPs, agreements and alliances are driven by specific laws like Intellectual Property (IP). For certain PPPs, an IP policy helps to advise their plan for handling intellectual property rights (IPRs), in particular to guarantee that IPRs will not generate roadblocks for the PPP to obtain technical expertise and resources, new product viability, and follow-up on R&D. That being said, in certain PPPs, IP control measures are conducted on a case-by-case basis, which is perceived to offer more autonomy for the PPP. Generally, there is a wide difference in IP PPP activities (Munoz et al., 2015; Pereira et al., 2020). From the beginning, some PPPs specify that IP can usually not be obtained with any product created, whereas others describe that the developer may demand or end up sharing the IP for a future product with the PPP, along with licencing terms (i.e, non-exclusive or exclusive licencing terms with pre-established IPs or new products). PPPs might often have different rules related to the degree of influence the PPP, collaborator, or donors might ascertain the R&D project.

Using these complexities on IP laws as an example, it can be interpreted that the notion of power relations is important. To further illustrate the integral part that politics and power plays in the sustainability of this strategic field nexus, close attention has to be paid to the recruitment policy of organisations performing in this new network of Global Health System. This could include the recruitment and hiring of former Prime Ministers to work and represent GHIs at the global level. Hiring individuals with political connections ensures that

GHIs and thus non-state donors to have a foothold when it comes to negotiations with government agencies:

" Who was the chief executive? Chief exec until recently. Well, it was the former prime minister of Denmark. Why Prime Minister? This is a bit unusual for prime minister to become a Chief Exec to begin with, but also Chief Executive for charity. You don't often hear Prime Minister's doing that. But she did. And part of the indication towards is because, well, a lot of the money…comes from government agencies. And having somebody who has those political connections really helps. So politics, and power and mighty kind of really get it really integral here" (Non-profit Organisation V)

Proliferation agents such as the BMGF have helped to maintain their key partners' positive contribution to the process. Constant and successful efforts were made to facilitate a systematic reform in the field. This was also helped by the concentration of academic experts and, simultaneously, because of technical organisations and the stable political environment. However, there have been instances of political environments that have prevented the infiltration of these new practices:

"So for example, in India, the media had a very strong voice against the Bill and Melinda Gates Foundation, created an environment or an ecosystem, it was difficult for the Gates Foundation to operate. And any Gates Foundation grantee found it very difficult to work with government partners, knowing that their funding came from a foundation." (UK Government Agency F)

India's reticence to engage with the BMGF demonstrates how the ability to ensure political and governmental support is a key enabler for GHIs to engage and drive change in a particular social context.

7.5.3 Responding to country level complexities

The final sub-factor in the context of strategic field nexus identification is the response to local fluctuations. Governments of endemic countries and the WHO, as well as public and philanthropic donors, were ignoring synchronised and systematic research and development goals, and were focused financing initiatives on the high prevalence of fifteen diseases. Activities are actually very isolated. The lack of cohesion among GHIs is indeed evident.

GHIs are validated by their success in the improvement of clearly identified health objectives. This has been emphasised in relation to other multi-stakeholder entities in global health. In comparison, conventional multilateral agencies gain validity from international participation and negotiation (Clinton, Sridhar and Sridhar, 2017). In GHIs, funders agree on priority spheres of investment, the criteria for the release of funds ‘sustainability, specifications for accountability, etc. These specifications are neither harmonised nor publicly disclosed among GHIs. The risk is that governments' interests do not fit those of the benefactor, especially in countries with endemic disease. Therefore, GHIs will deliver products that are not launched in disease-endemic countries despite R&D efforts. These types of not fit for purpose solutions could be negatively interpreted by field participants and key opinion leaders. Notably, these could be an important stumbling block in the strengthening of the strategic field nexus:

"And ultimately, the number one issue that I see is that people who are suffering the most are never consulted, in terms of, you know, the people who think about the solutions, but like me know are not the people who are affected by the issues that we're trying to solve. And so ultimately, we're constantly devising solutions that are not fit for purpose, because the people have not been consulted, they should be the one implementing and not someone else from another country. And they should be the one monitoring it. And as soon as we don't respect this principle, which if we were to respect it would mean that we would be totally disinterested, and that we would have only solidarity and ethical values at our heart, which is different" (Philanthropic Organisation W)

There have however been some success stories in terms of responding to local fluctuation. The powerful figures, who play a crucial role in the change process, and who engage actively in the development of the modern drug supply market, were in the position to establish a particular model. The funders and the recipients maintained a high degree of trust which resulted from a relentless desire to foster a homogeneous conception of the idea of integrated logic, with regards to the development and distribution of medical products:

"These micro industries, I mean, you know, look at the Grameen Foundation, the microcredit stuff that they set up, you know, in Bangladesh, where they allow women to make buttons, make soap, this money coming into their household has a direct effect on the clean water, they're going to drink on the on the, you know, so these things have to be linked, and they can't be linked if they are not spoken about. That's why they have to widen the net in terms of speaking to definitely I think it's starting to happen, starting to happen." (Pharmaceutical Company Q)

The micro industries that have been set up, such as the Grameen Foundation, have created jobs for women in Bangladesh. Hence, the use of strategic communication to promulgate those successes and in turn strengthen that strategic field nexus, is crucial for GHIs and nonstate donors.

7.6 Ability to create a participatory hub

The BMGF had the ability to pass the theories and values of modern approaches to the professionals in the field through their ability to create a participatory hub.

As a result, additional concepts relating to the field of medical products of neglected diseases are continuously inserted to complement the old principles and functions connected to an assistance logic. These will be connected to the new and emerging global health initiatives. The PPP subfield will then be composed of concepts and models that might be partly in dispute.

7.6.1 Combining technical aspects/Legitimising Identity

Through the participatory hub, proliferation agents are able to create a platform where the professionals will be able to legitimise their identity. Data suggests increasing cooperation in research and development for neglected diseases. One report discovered that there are about 348 government and business organisations (academic/research institutions, biotechnology companies and other medium-sized and small businesses such as contract research organisations and major pharmaceutical companies), operating alone or in collaboration with one another in the production of a total portfolio of 374 drugs and vaccines for 23 neglected diseases. The bulk of the projects will be carried out by PPPs, which account for 40 per cent of the total number of projects (BIO Ventures for Global Health, 2012).

In addition, many PPPs have policies of access. A PPP policy on access may require the early description of the features of an effective technology through an appropriate resource-limited framework. In the general sense, the *product target profile* (Hussaarts et al., 2017) is built on the basis of the unsatisfied need, illness profile and the local context in which the drug will be distributed (such as legislative framework and spending power). They may also describe the product design and set targets for cost of production and selling price. The characterisation of PPP products helps to explain needs for both collaborators and subcontractors in the R&D venture:

"But obviously was gradually because I was back then still studying or doing my medical degree and It started with doing a lot of national policy and sort of working with the Minister

of Health and Education, Science and Technology and sort of evolved with global health interests." (Philanthropic Organisation O)

Consequently, to provide an appropriate *product target profile*, professionals need to have skills that relate to a combination of aspects. Henceforth these professionals working in the new global health system, bring with them a whole panoply of experience.

7.6.2 Creation of a hub for professionals.

The GHI integrator function, in the form of PPPs, is advantageous to all parties, by uniting and integrating the activities of different businesses and other organisations. PPPs can be conceptualised as a hub making it easier for professionals to access funding and information sharing. In addition, they disseminate information between the classes, which can then be internalised by each participant. PPP programmes and R&D partnerships should be endorsed by public policies. Therefore, prominent non-state donors such as the BMGF have been very influential in triggering this establishment of a hugely complex web of initiatives. The hub comprises of professionals who are trying to implement research on health innovation technologies, others who are focusing on delivering grants and delivering health programmes:

"I mean, the Gates Foundation in particular, I wouldn't say that other foundations have been particularly influential. But Gates in particular has been very influential, particularly in terms of setting up a lot of new organisations, and triggering the establishment of a hugely complex web of initiatives and some of the organisations, some of which are trying to do research and work on global public goods, and others of which are trying to deliver grants and money and programmatic activities." (UK Government Agency Z)

Creating a participatory and hub-like environment allows professionals to collaborate and benefit from each other through everyday activities. This demonstrates the importance of providing dedicated role models to convey the new identity to the intended audience of professionals. This will help to elevate the degree of trust in these modern practices. Alongside field professionals, the new GHI networks are also using "outside resources" such as hackers and coders through the organisation of hackathons:

" We put a hackathon out about three years ago for Dengue. Our rationale behind it was all these mad hackers and coders they are a resource, but they don't really know about this particular disease. So we wanted to do, we wanted them to develop a patient recording app, that doctors could use it field. There were layers to the prizes that we were giving out we were giving out military prizes actually and we were shocked at the amount of submissions we had not just in Dengue, we were swamped, we will have this swamped. Right across different diseases. People out there want to engage, they are just not aware of it.The more you are made aware the more you're driving engagement and responsibility that this is our problem as well" (Non-profit Organisation Q)

The intention was to use these hackathons to develop patient recording apps to be used by doctors in the field. Admittedly, what was designed initially as a tentative attempt to drive engagement was met with a tremendous amount of submissions. The level of engagement and responsibility demonstrates the value of these hubs in driving valuable change in the network.

7.6.3 Usage of models and building blocks

The next sub-factor pertaining to the creation of participatory hubs, is the replication and usage of transparent models. Knowledge sharing systems depend on cooperation, knowledge sharing among volunteers and open access to data during the discovery process. Two examples of these ventures that were researched are "CSIR Team India Consortium's Open Source Drug Discovery Project", and the "Synaptic Leap's Schistosomiasis Project" (Ardal and Rottingen, 2012).

Different devices have been developed over the last decades, and many have been introduced to resolve the underinvestment problem outlined. The push-and-pull devices have now been tested in public-philanthropic sectors to fill the void between social and private R and D in the field of neglected diseases (Le, 2014).

The 'push' tools are aimed at stimulating R and D by reducing the market R and D expenses. In addition, it can include research work (grants to academic institutions and government research laboratories, and collaborative ventures with industry), R and D tax cuts, direct

grants to small companies, funding for clinical trials in developing countries, and open innovation. This relates to the technology sector's financial support, which is the only manner in which the project has been supported. Some of the issues with pull instruments are that they alone cannot provide sufficient motivation. R and D incentives between donors and beneficiaries might align imperfectly, and devices are susceptible to lobbying/politicisation (Hegde and Sampat, 2015).

Significant attention was placed on infiltrating the new culture among professionals during this whole proliferation period, from the early through to the alteration phase and, most notably, during the *phase of proliferation*. In order to align with the new role and orientate the professionals with the new relational networks, control mechanisms and practices, the use of models was considered important. This concept of using collaboration is clearly evident when it comes to investment. PPPs such as The Global Fund invest using *the building blocks* designed by the WHO in order to achieve Sustainable Development Goals (SDGs)

"we invest based on WHO six building blocks of sustainable systems for health. And there are six very clear building blocks that they have, that they have outlined, that are critical to invest in, in order to build a health system. And with the Sustainable Development Goals, sort of, as the NDG are merged into this one SDG related to health, we're seeing a lot more of an emphasis on those building blocks along the path to UHC." (Non-profit PPP J)

" governance is one of them. financing is one of them, supply chains is one of them. There's actually an enormous body of literature on them. And WHO has an entire department, I believe, dedicated to it. And I'm not sure since Tedros has restructured and exactly where it sits within their current management structure. But yeah, it's a huge and important piece of work that they do in that and our investments in health systems are within that those building blocks" (Non-profit PPP R)

These models were required not only to socialise professionals to the new initiatives, but also to develop and enhance the partnership model between the GHI and field collaborators. These GHI models are deemed to be the most effective in the system:

"What was very interesting about these models was that it was needs driven, and it was product driven. So it was very concrete and the access conditionality, it's something that we studied also very much have been addressed. From the beginning, we've actually studied all the PPPs and all the models and how they made sure that there was acceptable access conditions that could work also for the private sector. And we're trying to actually replicate that in public funding of governments and institutions, and it hasn't worked anywhere. It hasn't been done before" (Philanthropic Organisation W)

Hence, these models and building blocks are being replicated by governments and historic institutions such as the EU in the field. This aims to legitimise the identities of the GHI professionals in their respective roles through processes at micro-level and through the perspective of opinion leaders such as policy makers in the EU Office.

7.6.4 Gaining trust and legitimacy

The initial function of the WHO was to act as a hub to bring member countries and various stakeholders on the same stage to discuss global health concerns by establishing rules. Once those rules are established, the WHO will implement strategies to provide the support required by the countries in need to address global health concerns. However, for the continued participation of the member states, they need to have a relationship of trust with the WHO. As the case of the Indonesian Minister demonstrated, members need to trust that the information shared will be used to implement policies that will benefit countries that are at risk of not being able to deal with infectious threats. Member states have to obey the revised 2005 International Health Regulations(World Health Organization, 2008), where the participants need to share information about potential outbreaks which might be cause of concern internationally. However, this notion of trust towards the WHO has been slowly eroded and transmitted instead to private foundations such as the BMGF. This has meant that the hub is now centred around non-state donors:

"And I have to say that the majority of experiences that I had, as a worker here at Welcome with Gates has been really good, really, really gets very constructive, very, you know, a lot of sharing of expertise, which is useful for everybody."(Philanthropic Organisation O)

"they really have to put their money where their mouth is essentially, you know, and they also have very clear ideas of what they want us to see. So in that sense, I think, you know, they've managed if you look at their, the way they've hired too, they really hired at their senior positions they did they have hired people who were in the traditional industries, you know, they do have quite a bit of breath of representation from the World Bank, and, and, you know, USAID and things like that, that have, so its people with you who had deep connections to the field that went to Gates." (US Government Agency J)

However, with the changing global health landscape and the dynamics of new actors, member countries can now apply for grants from bodies such as the Global Fund or the Clinton Foundation to help tackle endemic diseases such as tuberculosis and malaria. In doing so, they don't have to deal with WHO, hence causing the one-time sole leader in the provision of global health services to take a back seat and re-think its strategies to maintain relevance. As a consequence of the reconfiguration of these relations, private actors have accumulated more trust and legitimacy in the field:

"So the Gates Foundation started funding, you know, those organisations, then they started gaining legitimacy. You know, so it is really around funding. And in addition to that, also recruiting experts. Recruiting foundation. Yeah.credibility and knowledge to advance the work with the Gates Foundation" (Philanthropic Organisation W)

Any participatory hub created needs to be sustainable in the long term. Hence, non-state actors have further strengthened this trust and legitimacy in the eyes of key opinion leaders in the field, by tightening regulations and accountability mechanisms. Another feature of these added layers of documentation is an increase in terms of managerial responsibilities which can lead to some level of frustration:

" So I think that's something good that I think we should not neglect. And then you know, because it's easy to say all that there, there's kind of like, strict in that way, in that way. But I think this is something that stems out of working with them, that's quite positive, because this really ensures that, you know, you can't, you can't do something bad because the regulations and the accountability mechanisms are very, very strict, which sometimes might, you know,

make the NGOs or this this partnerships, quite angry, because they have to, you know, add another layer of layer of documentation. But still, I think it's good for both sides." (Non-profit Research Institution A)

Nevertheless, the impact of these regulations and accountability mechanisms has on the whole contributed substantially to the setting up of the participatory hub.

7.6.5 Stimulating cooperation between participants.

The Gates foundation kick-started the GAVI alliance by contributing a massive $750 million to the initiative (McNeill and Sandberg, 2014). As for the Global Fund, they were created in 2002 by the alliance of eight countries (Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States) (Fund, 2002). The *blueprint* for both these initiatives is to seek the *collaboration* of various key actors, such as private sector, for profit, not-for-profit and NGOs. The Global Fund acts as a grant reviewing body; the grants are put together as a bid by officials from countries that are affected by neglected diseases. These officials may belong to the country's government, but they could also be individuals working in local and international non-governmental organisations, or from private sector and even from individuals who have themselves been affected by the disease. GAVI provides financing directly to governments; hence it can be seen that these GHIs have gained legitimacy in the field of global health by relying on clearly defined goals. This is in contrast to the methodology of the WHO. The WHO works specifically with in-country officials from the government.

This process of collaboration between the field participants has also extended to alignment of interests between major foundations such as the BMGF and Clinton foundation. There is a convergence in terms of lobbying work at the policy level in order to drive funding from government departments within the US, UK or in the European Union:

*"I suppose it probably depends on the cause. So this alignment, for example, between Clinton Foundation's interests and Gates Foundation. So alignment, the lines in terms of trying to reduce child mortality, particularly through vaccination, they're both interested in pushing as much vaccination as possible. Now, do they work hand in hand? I don't think so. At least not in the way they fund, because these agencies also interested in certain outcomes related to measure. So if they both fund one agency working in the same place that kind of dilutes, who is really making a difference…But they could be working together more on the political level, on the policy level, so you know, they could be for example, lobbying government departments within the US, UK or in the European Union, towards driving have more money..***"*** (Historic Academic Institution V)

Non-state donors have been instrumental in setting up GAVI or the Global Fund but also a whole set of smaller organisations. A key objective of the setting up of this participatory hub is to use this public private partnership approach to attract public funding and stimulate cooperation:

"instrumental in the setting up of GAVI or the Global Fund, those are the big ones, but also a whole slew of much smaller organisations, I have done a lot of work in product development, a huge number there, a lot of which have initiated by Gates, or, you know, the idea comes and they seem to like this will public private partnership approach as a way of using their money to seed and attract public funding?" (UK Government Agency Z)

This *ability to create a participatory hub* has also ushered active engagement between the different major PPPs in the field:

" GAVI is a big one, the Global Fund, and UNITAID and then WHO and different departments within it. Some we've had to engage with for a number of years, some just for a short period, but obviously, there's multiple departments within WHO, and then Partnership for Maternal Child Health PMNCH will be be another one." (Independent Consulting Firm K)

As evidenced by the above quotes, there is now an environment where independent consulting firms are now engaging with prominent GHI partnerships such as GAVI, the Global Fund and UNITAID. The key observation is the growing participation of WHO with non-state actors.

CHAPTER 8. Discussion of the research findings for the study of institutional field-level change

8.1 The linkage between findings and literature

The purpose of this study is to explain how institutional change at the field level is taking place in the context of the global health system. *The thesis explores the field of GHI networks*. It studies how one of the institutional logics within it, i.e., the professional logic, has undergone a change, and has gradually evolved. The findings pertaining to the phases and factors of this logic evolution process are detailed in Section 8.2 below. The impact of the revised logic is expounded and developed upon in Section 8.3.

The study identifies the macro/meso factors that affected the change process and eventually contributed to the *restructuring* of the field. The thesis thus aims to study how *one* of the institutional logics, specifically the professional logic, in the field of GHI networks has evolved. Section 8.4 centers on the macro and meso factors that have profoundly impacted the process of logic evolution. Structures have evolved in various ways in the field of GHIs under the overarching professional logic. This professional logic was prevalent in the early vertical approaches to tackling diseases. Following the proliferation of non-state donors, the professional logic has evolved. Internal logic evolution triggers mechanisms of institutional change in the field which radically reshape the field structure. Logic evolution makes space for a new subfield, redefining the objectives of the field and shifting the power dynamics between the actors. These key issues are delved into in Sections 8.6 and 8.7 below.

Empirical literature on changes in GHI networks indicate that healthcare services were incorporated into vertical programmes before the 1990s. Following the proliferation of non-state donors, the sector underwent a change process that, among other things, aimed at improving vertical efforts and creating an innovative approach in the field by fostering a more comprehensive view of the profession. Section 8.8 discusses how non-state donors have been the key proliferators in enabling the process of transformation. They have molded new ideas and engaged other stakeholders' interest in a particular cause, thus creating specific identity for field professionals who subscribe to the new practices.

8.2 Institutional change through logic evolution: blending as a process to restructure fields

This thesis aims to investigate how institutional change dynamics unfold in a historical arena. The goal is to extend existing institutional theory studies on field-level change. It explores the field of GHI networks to explain how particular field structures develop through the process of evolution of an institutional logic, namely the professional logic. It reflects on the evolution in the field of one overarching logic, specifically that of the professional logic.

The concepts of the emerging professional logic of integration are blended onto the old professional logic of assistance. The recently developed GHI networks and the PPP subfield, and the role of various professionals in medical product development programmes, has been infiltrated by private sector practices and methods. By introducing new characteristics that are simply and coherently related to old ones, blending will evolve the logic. Through extending the assistance concept to include emerging concepts with a more systematic and interconnected vision of the field of medical products for neglected diseases, the overarching professional logic has been expanded. This research defines the evolved logic as one of holistic assistance by blending.

Blending is hypothesised by a highly respected and inclusive leadership network that endorses integration and innovation. They transform the relationships of actors so that the tasks and roles of professionals in various parts of the field reinforce each other and are well incorporated.

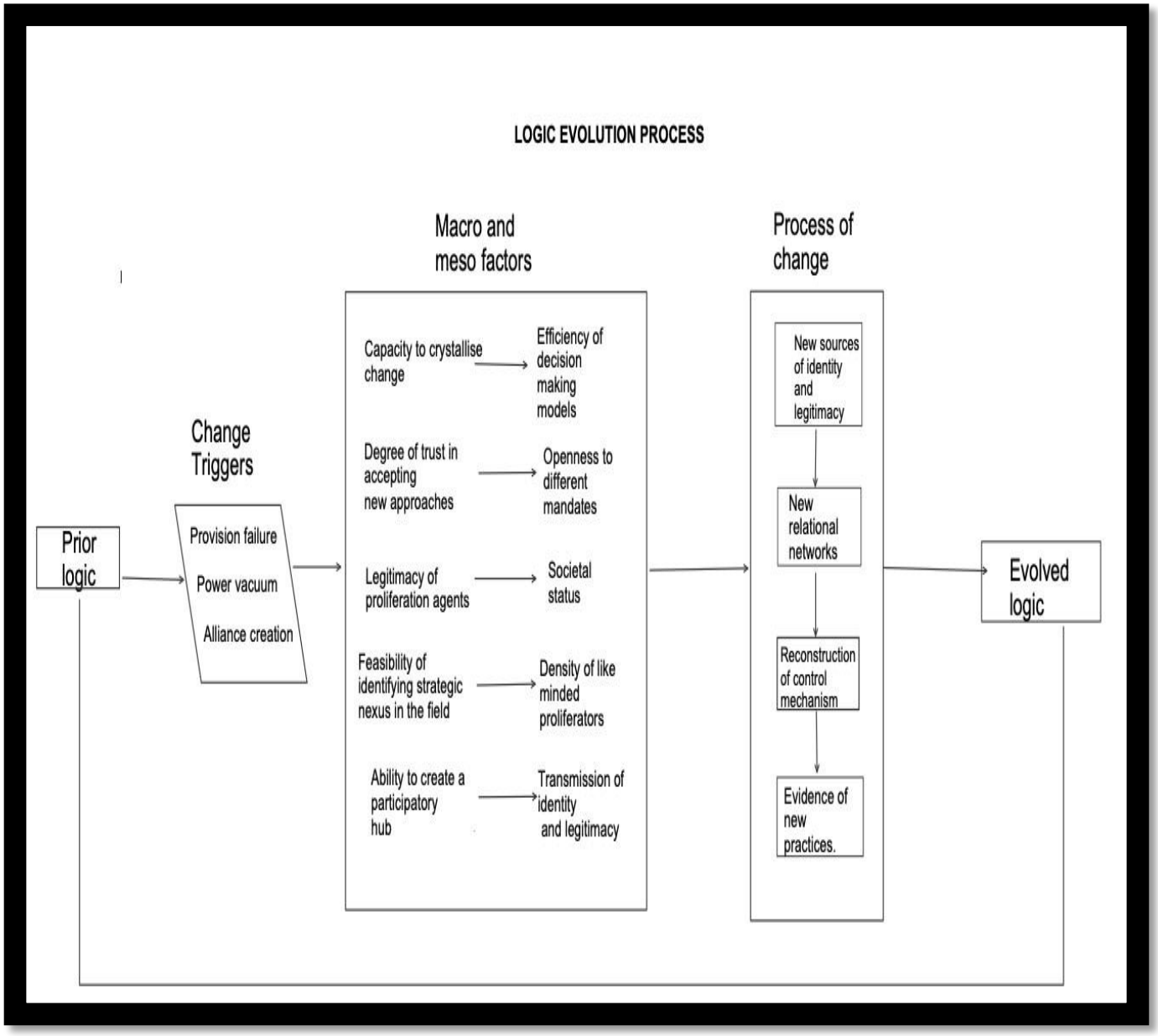
The concepts of integrated logic are blended to the assistance logic. Blending can overhaul a logic by inserting new elements into existing frames by attempting to connect and explain relationships between these two. A synthesis of the assistance logic and new concepts of a more comprehensive view has expanded the overarching professional logic. This study refers to the logic elaborated through blending as one of *holistic assistance.*

Blending is theorised by a range of agents referred to as “proliferation agents” who frame a new legitimising identity and socialise participants via this construct. They allow professionals in the field to independently develop their own identity, legitimacy, control and practice in the newly created PPP subfield. They reshape the relationships of the professionals such that professional duties and responsibilities coexist in various parts of the field, even though they might not be fully harmonised in some aspects.

Two sets of factors fundamentally influence evolution of the logic which occurs by blending process. These refer to the societal level (macro) and the field level (meso). Factors at the social level are the degree of trust in embracing alternate approaches (e.g., diversity of identities) and the ability to crystallise change. Professionals may be more likely to embrace and trust different legitimised identities and behaviours under an overarching logic if the degree of trust is well infiltrated in the field. They may reject all those claims and practices in another setting that does not exactly adhere to old ones. Therefore, actors may be more or less responsive in embracing these heterogeneities of identities and traditions and may strive to connect them to different rates. Field-level considerations relate to the legitimacy of major proliferation agents in the field and their status within society; to the likelihood for participants to identify a strategic field nexus where proliferation agents are saturated, and from which they can direct resources and sustain a firm commitment to change; and to the ability to create a participatory hub which allows the creation of these new legitimised identities. The participatory hub is crucial to the evolution of the professional logic, as it introduces the latest concepts into the field and stimulates micro-processes of interactions between those who implement various paradigms. Moreover, it helps the new brand and procedures to be reshaped from the bottom of the field.

8.2.1 Phases and factors of logic evolution process

Figure 10 Phases and factors of logic evolution process (author's own diagram)



Logic evolution relied on five factors each of which was dependent on subfactors. Figure 10 above demonstrates the process. The figure was created by combining the findings and analysis from chapters 5, 6 and 7.

These are detailed below:

1. Capacity to crystallise change which depended on the efficiency of the decisionmaking processes; the dynamism and flexibility, holistic attitude and ideological drive of non-state donors.

2. The degree of trust in embracing different viewpoints which depends on the level of openness to accepting different mandates; the model of recruitment and governance; provision of strategic support to engage actors.

3. The legitimacy of proliferation agents encompasses history and societal status of institutions; recognition and prominence of proliferation agents, as well as the role of academia in the legitimation process.

4. Feasibility of identifying a strategic field nexus; which depends on the density of strategic support network, as well as the ability to ensure political support both at the global and country level.

5. The ability to create a participatory hub, where the concepts derived from the updated logic can be propagated: creation of a hub for professionals was central in converting ideas into practices, in order to create new values, identities and positions in the field by means of everyday micro processes of interactions.

Within each stage of the transition, each of these variables gained more importance but nonetheless played a role all through the transition (please see Figure 10). The proactive and collaborative method, the corporate approach, the emphasis on internal integrity, and a strong focus on the conversion of concepts into practices, have generated a framework which has spread and legitimated the whole of the GHI network. A new ideology has been formulated by influential, high status proliferation agents and incorporated into an established overarching logic.

Ideological impetus, strategy, accessibility emphasis and "implementation void" led to the creation of health initiatives as one of the viable solutions available in the field of medical products, and it also led to a variety of potential relational frameworks.

The field structure required a champion for theory to be clearly defined. This helped foster a cohesive organisational model of GHIs centred around non-state actors. It gave rise to the PPP subfield. The choice of defining a strategic field hub made proliferation simpler. Major proliferators were centralised within a common context that allowed the catalysis of new ideas, and therefore left little room for multifaceted interpretations of the concepts introduced.

The importance of experts aligned with the history of academic institutions and proliferation agents, offered a forum for the launch of the transformation process and thus allowed sharing of ideas. Universities set up independent drug development departments which were mostly led by high-status professionals in health.

These networks have been used to legitimise the identity for GHI professionals. It was meant to de-institutionalise the old and legitimise the new strategy. Eradicating the old identity produces a new generic community of professionals. The new paradigm was associated with explicit separation from the old system in terms of new relational networks, novel control mechanisms and new practices. Based on globally accepted standards, it was described as the most suitable approach for the given context. The replacement of the original model occurred through socialisation and was enacted via the field practices. Within the new relational networks, these practices were subject to new control mechanisms in the GHI field**.**

8.3 Evolution of revised logic as blending, leading to field- level institutional change

Non-state donor ideology and working habits have evolved in the last 20 years. Pointing to "ideal types" of professional logic in the field of medical products for neglected diseases, this study suggests that the old paradigm was based on a pervasive professional logic of assistance Instead, the concepts surrounding the organisational strategy following the proliferation period belonged to a professional logic of integration (Figure 11 on p.142).

The development of a proper PPP subfield based on the integration logic with its identifiable norms, influenced the conventional ways of organising and speaking about the GHI field. As a result, the advent of non-state donors shifted the interaction between donors and beneficiaries, thus changing people's view of the general operation.

Present literature on institutional theory could justify this transition, by arguing that a new logic replaced the prevailing logic in the field, or that the mixture of logics in place was increasingly changed. While this study does not rule out such powers playing a part, it draws attention to a separate mechanism of change; one arising from one of the logics' intrinsic evolution. In that sense, the professional logic of assistance evolved into that of integration. The overarching professional logic in the GHIs has thus been updated.

Based on the context-specific features, the particular method of logic evolution connected the premises of these approaches in a distinctive way (please see Figure 10 on p.82). New innovations are blended into the current system so that the exclusive role of non-state donors in the GHIs, supports that of government programmes. In certain contexts, new proposals are related to the prior logic, such that non-state donors actually coexist with policymakers and former public drug manufacturers. These modes of logic evolution are developed in more or less uniform fields.

Private foundations, in some cases, augment government programmes. This section refers to the resulting underlying logic as one of *holistic assistance*, to highlight the essence of this

consistent system of interconnected areas of the field. Private and public have specific functions that do not clash, but holistically assist each other instead. The overall professional logic of assistance has been evolved to include new concepts of integrated logic. In this sense, the concepts of *assistance logic and integrated logic are cohesively combined in the field.*

8.3.1 Field integration through blending

Major non-state donors', such as the BMGF have helped to change the field of medical products for neglected diseases which is the overarching aim of Global Health Initiatives. Health coverage was meant in a wider context, encompassing not only distribution, but other aspects as well. This can be termed as an enrichment process which will eventually lead to logic evolution via a blending process.

The term blending or integrating is derived from the fact that product development partnerships in the GHI field are seen as system integrators.

As defined by Chataway et al. (2007), PPPs will act as an interface and a negotiator with diverse players in the private and public sectors. PPPs play the role of 'system integrator' within the innovation process, which can include players at any point in the R&D cycle; from exploration through to development and distribution. In most PPPs, R&D capabilities/assets (e.g. financial capital, vaccine/drug research, development, manufacturing, and distribution) may not occur with the PPP itself. Therefore, the key avenue by which PPPs establish a foundation of R&D expertise is through cooperation; professionals in the field have to work by combining and collaborating. This follows the professional logic of integration, which symbolises the evolution of logic in the field of Global Health Initiatives (GHIs).

Public health scholars conceptualise the development and functioning of PPPs in the wider sense of the ecosystem of medical product/health innovation that operates outside national borders (Munoz et al., 2015; Papaioannou et al., 2009). The product development environment consists of among others; (a) the business and non-profit sector, including (bio) pharmaceutical, medical and R&D organisations; (b) government agencies, including national regulatory authorities, and; (c) individuals (including public health experts, scientists and decision makers in infection-endemic countries and patients), who have an endemic

environment (Buse and Tanaka, 2011; Munoz et al., 2015; Aerts et al., 2017). Essentially, the ecology of innovation is made up of several players participating in the development and delivery of medicines, vaccines and diagnostics for neglected diseases, and is affected by external influences, including those relevant to public health policy, funding, legislation and intellectual property, rather than human capital and infrastructure. The Expert Committee under the umbrella of the World Health Assembly (WHO, 2006), outlined the main four pillars which govern the health innovation environment and which, in essence, also provide overall guidance on the projects of the PPPs. The professional logic of integration is further expanded upon this environment of innovation as it operates outside national borders. The creation of this specific PPP model further signifies the evolution of logic in the field of GHIs.

This blending and integrating have been structured around PPPs being effective and productive in bringing new medical products to the market. Many PPPs consist of select teams with expertise in the public health and pharmaceutical industries, and these members generally oversee different facets of PPP organisational activities, including project and portfolio management. A committee panel and external advisory members supervise the work of the core team, which contribute science and technological experience to the PPPs (Moran et al., 2010; Munoz et al., 2015).

These new GHIs in the form of PPPs have induced change at the grassroots and supply chain level. The healthcare structures that are emanating out of these changes are good examples of the *enrichment process* taking place. There are claims that these changes could influence very positively different aspect of policies in disease endemic countries.

Nevertheless, this increasing growth in corporate agenda in the global health system, has led to claims that certain topics might become marginalised. There are indications that the agenda is leaning more towards improving the competitiveness of European Industries as opposed to fixing health systems in disease endemic countries.

8.3.2 Field enrichment through coexistence

Non-state entities coexist with other sources of drug delivery, and its role vis-à -vis the health system is technically evident. This thesis refers to the resulting underlying logic as one of coexisting in order to highlight the essence of this unsettled interaction between various areas of the sector. The task of non-state donors is to provide services; however, their position is not exclusive, since other players may also provide services. Moreover, the services delivered are not standardised across a region.

In this area, there are separate concepts of assistance logic and integration logic and no clear and unambiguous statements are made to make sense of how the two coexist. The PPP subfield has grown rather heterogeneously, because players embrace a mixed environment in which private and public activities coexist with independent modes of public administration.

8.3.3 Shift in the dynamics of relationships

The next impact of this logic evolution process is the *changing of relationships* between the different network actors. One such relationship is that of the World Health Organization with the other participants in the GHI field.

While it was claimed that the primary accountability of the WHO was to the participating member states, the question was raised about the validity of that claim due to the emergence of a new configuration. The field is now populated with non-state actors like the Bill and Melinda Gates Foundation, large companies, or NGO networks, that hold tremendous influence in the allocation of funding, strategy implementation and diffusion of crucial activities such as the development and distillation of new drugs and chemical entities. Amidst all this uncertainty and questioning, the WHO *began losing its grip* as an important interstate actor; it principally struggled to define its relationship and interaction with these emerging, powerful non-state actors. Their grip was further loosened with the formation of the GAVI Alliance and the Global Fund, who had a clear structure in place, in terms of their positioning with these non-state actors and powerful organisations (Bruen and Brugha,2014).

With the World Health Organization losing its grip under distillation of new drugs and chemical entities, their relationship in the network with other emerging actors has now changed. The World Health Organization is now seen as a *normative agency*, rather than a body which can control and do everything.In a global ecosystem of health innovation, GHI partnerships such as PPPs, play the role of system integrators, largely integrating capital, experience and the capacity to identify solutions, especially in neglected diseases, among different stakeholders of the ecosystem. Many PPPs run on a non-profit basis and lack the financial resources and advanced knowledge base to invest in R&D initiatives to produce new medicines (Chataway et al., 2007; Munoz et al., 2015).

Given the dynamic relationships between PPPs and the main players in the health innovation ecosystem, it is imperative that their effectiveness and sustainability depend on their ability to maintain and orientate the partnerships, governance structures and trust. PPPs have been working to build and grow a pipeline of new approaches since they came into being. On the one hand there are PPPs and their donors and investors, and on the other there are PPPs and organisational collaborators. We remember that donors, especially non-state donors, frequently take over in their relationships with the PPP, by creating different contexts, and by using different methods to assess PPPs' efficiency (power and trust paradigms). The partnership between the PPPs and their institutional collaborators, which consist mostly of contract research firms, contract manufacturing entities, and various research groups, is in comparison biased towards the PPPs.

In among all these dynamics between PPPs, investors and collaborators, the WHO seems to be a mere cog in the machine. The birth of this shift in relations in the global health structure began in the 1990s, which is when the WHO started facing questions in terms of its accountability in that field. The changing landscape of the global health field now sees the presence of NGOs, philanthropic organisations, and for-profit companies. These organisations, due to the changing dynamics, have seen their power trickle down to the state and inter-state level policies by aligning themselves with Global Health Initiatives (GHIs) (Pereira et al., 2020).While in the 1990s, the structure was simpler and clearly defined, with organisations that specifically represented the member states such as the WHO, now the configuration has morphed into a more complicated web of actor participations, with public-private partnership becoming the norm (Gilson, et al., 2008).

Due to this *modification in the relationship*, the mandate of the World Health Organization is now markedly different. In order to keep their relevance, this change of mandate for statecentric bodies such as the World Health Organization is important. In other words, the World Health Organization is taking on a more collaborative view, as opposed to be the one in the driving seat on all matters regarding drug provision for neglected diseases.

8.4 Logic evolution influencing field change through the lens of macro and meso factors

The research describes two sets of factors that profoundly affected these processes, which are linked to level of society (macro) and level of field (meso). Factors of a social class are the ability to crystallise change and the degree of trust in accepting alternative approaches (e.g. plurality of identities). Sources of identity and legitimacy are central to the evolution of logics; however, in a field there might be various sources of identity and legitimacy that might oppose each other. Actors can be more likely to embrace and tolerate several sources of identities and legitimacy when it pertains to an overarching logic as opposed to another. In this study, actors have embraced to varying degrees the new sources of legitimacy and identity under the overarching professional logic. However, this tolerance to new sources might not apply to another institutional logic.

In addition, actors may be more or less versatile in embracing these heterogeneities of identities and may attempt to relate them to varying degrees. Many critical factors influencing the logic evolution process contribute to field level. This concerns the legitimacy of proliferation agents in the field and, more generally, their status within society; the feasibility of establishing a strategic field nexus where proliferators are based from where they can share resources and dedication to their cause; and the process of creating a participatory hub. The participatory hub is important to legitimise the identities of the professionals in the field.

The magnitude of transition can be linked to the field's ability to crystallise change, and the degree of trust in the field participants to accept different ideologies. More radical change

processes will be associated with an improved capacity to crystallise reform. Since actors are not comfortable with publicly opposing values and finding solutions to conflicts, they can embark on drastic changes to either remove or combine conflicting viewpoints. With less drastic change methods, a lower ability to crystallise change can be associated.

A higher degree of trust in embracing alternate approaches can be related to more radical change processes. Since key proliferation agents in the field stress the need to legitimise and build a more relevant identity, they seek to share a field in which multiple identities are legitimised by association and relation with them in varying ways. Less extreme processes of change can be associated with a lower degree of trust to embrace alternative viewpoints or pluralistic perspectives. When key proliferation agents are not accepted as a legitimate personality, professionals will not participate in deeper processes of theorisation and socialisation in those environments.

The trust in embracing the perspectives, in pluralistic fields such as GHI networks and the ability to crystallise change, can be linked to the delegitimisation of the concepts and practices in a set paradigm. Where there is a low degree of trust and high ability to crystallise change, newly legitimised and institutionalised identities can lead to new control mechanisms, relational networks and practices. This will then involve a dismissal of previous ideologies or practices in a particular field. Proliferation agents will, however, try to merge the new and the old into an integrated synthesis. Despite delegitimising old arguments in a specific field, proliferation agents might also allow those who follow old logics to associate with them further in other parts of the field.

On the other hand, the degree of trust can be high, but the ability to crystallise change by the proliferation agents can be low. In that case, the new and old institutionalised claims of legitimised identity might lead to both prior and current networks and practices to exist in the field via the blending process. Field actors would have the choice between both arguments while feeling no need to explain the linkages between the arguments. Rather than delegitimising old arguments, they will be seeking to identify gaps to be filled by the new arguments. They would allow the preferred identity and practices to be chosen independently and would rely on micro-level processes to redesign relationships between those who

implement the different principles. This approach would raise credibility of the new identities and practices within the group of actors that select them.

The degree of trust in accepting pluralistic perspectives and the ability to crystallise change can thus influence the nature of a particular institutional setting, increasing its complexity level. These features may be relevant when trying to understand how institutional actors and organisations react to uncertainty and the nature of plurality in a field such as the global health system (Greenwood, Raynard, Kodeih, Micelotta and Lounsbury, 2011; Pache and Santos, 2010,2013; Aalto and Kallio, 2019).

Legitimate professionals who are likely to support the transition are not necessarily the most influential ones. This reflects results from previous research (Greenwood and Suddaby, 2006) which suggest that key actors function and promote reform as institutional entrepreneurs. The examination here indicates that along with the authority gained and retained by those proliferation agents in the field, their position and credibility within the broader society may also be a significant factor in institutional change processes.

When proliferation agents (both prominent and non-prominent ones) are abundant in a field, fundamental changes are likely to occur, as they can create a more cohesive strategy and implement resources to their purpose. If such a strategic nexus cannot be identified in the field and proliferators are not clustered, reform may still occur, but it is less likely to be fundamental. If the agents of proliferation are not clearly focalised, then the systematic mobilisation of normative, regulative and cultural capital will not occur. Instead, alternate views are more likely to arise, and thus will not make use of the full scope of resources available.

It is via social relationships that new legitimised identities will be recognised and enacted; and it is through social relationships built via participatory hubs that this new form of legitimacy and identity will be synonymous with particular practices. If this method specifically affect groups of people that have already been socialised to another identity, social relationships become more likely to be developed. This is because those participants are able to view the difference between the old and the new. The old identity is slowly eliminated, and the new one will be acquiring growing legitimacy in the field. By primarily

approaching groups of people who haven't already been socialised to another legitimised identity, new and old practices are more likely to be equally valid and coexist in the field. The system will develop gradually and the old identity will probably finally vanish as its proponents lose their grip in the field.

This transition could be clarified by current institutional theory literature by suggesting that the dominant field logic was being replaced by a new one, or that the merging of the current logics is being altered slowly. While this dissertation does not preclude the position of these powers, it points out a specific trend, a shift that stems from the inner evolution of one of the logics. The two optimal forms, that of assistance and integration, were blended.

8.5 Implications of the findings and contributions of the research

This research adds to established evidence of the mechanisms by which institutional reform at the field level occurs in a specific context. It queries the existing institutional approach to study change which relies on explanations based on shifts in dominant logics or paradigm conflicts. This reveals that change can actually happen through the evolution of field-level logics which is a process of blending new identities, promulgating new legitimacy, developing new relational networks, control mechanisms and practices, and putting them in the field within an overarching logic. It also makes a variety of contributions to neoinstitutionalist literature.

By adding an aspect of internal variability and evolution, field-level logics can be retheorised. They have been viewed as of now as being somewhat homogenous and rigid. From the existing set of studies, these tend to be defined as fixed dimensions (e.g. Thornton and Ocasio, 1999, 2008; Durand and Thornton, 2018) that are represented at a wider societal level and are replicated in all fields, albeit at different times. However, we do not know if and how logics play an important role in all fields. In addition, there needs to be more clarity with regards to the factors and methods that allow the application and reshaping of overarching logics within fields. This study offers a contribution in that regard by examining the internal characteristics of one specific institutional logic in a current relevant context.

Considering the diversity of fields, we must conclude that some logics are not implemented to the same degree in some fields as in others. Furthermore, considering the complexity of

settings, we must recognise that there may be contextual differences in the way concepts are perceived and behaviours justified, even when they are articulated in the same institutional structure, even within the same field (Lounsbury, 2007; Ashraf, Ahmadsimab and Pinkse, 2017). However, we cannot compensate for such complexity if we follow a static and rigid conceptualisation of logics as has been the case so far.

In order to better understand if and how logics modify and interact in a particular context, we need to adopt a more dynamic and evolved conceptual model of logic. The idea of logics as ensembles of belief systems (Townley, 1997; Yoshikawa, Witt and Yamada, 2020) or cultural tools (Swidler, 1986,2000; Richey and Ravishankar, 2019) could allow such insights to be incorporated in this respect. Conceptualising logics as cultural tools from which actors can draw new structures to theorise means that logics can be conceived as various pieces and tools that can be updated over time. This can help to uncover the process by which logics change internally and introduce a flexibility element in logic evolution. It can also allow us to evaluate and define its features, including some of its main characteristics such as sources of identity and legitimacy, relational networks, control mechanisms and practices more accurately.

Actors at field level are influenced by several logics that are not necessarily at odds, and may coexist for a long time (Dunn and Jones, 2010; Bossy et al., 2016). In other words, the overarching logic is different. Participants can see the ability to change it as they accept a specific logic. They may start to implement new ideas or practices related to an evolved logic which they see as consistent with the original and eventually integrate it into the prior dominant logic.

Macro and meso considerations such as the degree of trust in embracing alternative approaches, and the ability to crystallise change in identities and practices, are important in understanding the importance of agency in these logic evolution processes. It can also contribute to a sense of continuity among various paradigms, identities and practices, and to the creation of particular organisational responses to alternate institutional activities (Kraatz and Block, 2008; Pache and Santos, 2010; Grinevich et al., 2019).

Previous studies stressed the nature of the institutional setting (Greenwood et al. 2010, 11; Durand and Thornton, 2018) and the effect on social behaviour of institutional

inconsistencies (Friedland and Alford, 1991). Logic studies have begun to consider pluralism, mainly with a view to changing the balance of opposing logics in one field (Reay and Hinings, 2009; Andersson and Liff, 2018; Martin et al., 2020). Pluralism can, however, also affect internal logic changes. Despite the association of durability to institutions, we need to take account of the change in field logic over time. They could be institutionalised and dominant in a field, deinstitutionalised and removed from a field, and perhaps restructured (Scott 2001; Thornton, Ocasio and Lounsbury, 2015).

The study builds on the latest theoretical developments. According to earlier empirical studies, researchers are moving away from the concept that change stems from shifts in dominating logic (Rao, Monin, and Durand, 2003; Scott et al., 2000; Thornton and Ocasio, 1999; Thornton, 2002). Recently, academics have analysed change as new logics emerge through sensemaking (Ocasio, Loewenstein and Nigam, 2015) or as attempts to resolve disputes between competing logics (Ivancheva et al., 2020; Shields and Watermeier, 2020). Some have highlighted practices related to new logics, including transformation, grafting, bridging and exiting (Purdy and Gray 2009; Qiu, Gopal and Hann, 2017).

Others understand that logics do not inherently compete and can exist side by side over prolonged periods of time in the same area (Andersson and Liff, 2018; Dunn and Jones, 2010). This enhances this research body, with greater attention to the complexities that change a theory in a field from within. The results indicate how a logic is developed over time through blending processes. Nonetheless, this study extends previous work by looking at ways in which logic concepts linked to the same institutional order are integrated and illustrates the stages of the cycle of logic evolution. The process of blending allowed the reconstruction of sources of identity and legitimacy which would then be infiltrated to new relational networks strengthened by formal/informal control mechanisms, and implemented through practices. In addition, the work examines the macro and meso factors that affect the processes by which actors create and recreate legitimised identities, responsibilities, networks, control mechanisms and practices with regards to the previous ones.

This thesis argues that field-level changes can arise through logic evolution via blending. The term "blending" or grafting occurs in earlier identity studies (Nag, Corley and Gioia, 2007)

and institutional change (Purdy and Gray, 2009), while "coexistence" occurs in the literature on logics (Patterson, de Voogt and Sapiains, 2019). These terms are used in this research, however, because they are immersed in the data to the extent that they are possible. Throughout this research, logic evolution was applied inductively; its significance for the change process is extracted from the data analysis rather than from the a priori hypotheses developed during the initial study set-up. The logic evolution process can be linked to that of conceptualising institutional change (Micelotta, Lounsbury and Greenwood, 2017; Strang and Meyer, 1993; Greenwood et al., 2002).

The two concepts are linked, as they involve the interpretation and justification of institutional components. The theorisation process focuses on the development and legitimisation of organisations while the process of evolution focuses on integrating new concepts into an established system. Logic blending does not define a transition beyond a given logic; this is either a change in the prevailing logic (Blaschke et al., 2017), or a shift of the balance of the logic (Arman, Liff and Wikström, 2014; Reay and Hinings, 2009).Instead they arise as internal characteristics of formulating a logic are reinterpreted. Additionally, theorisation emerges as an essential step for creating identities and roles and gaining legitimacy. Furthermore, networks, peer-to-peer interactions and everyday activities are drivers for solidifying legitimacy and constantly redefining identities and legitimacy, particularly through the process of socialisation. Legitimising identities has been rarely discussed in previous research, and it is fundamental to logic evolution processes (Greenwood et al., 2002; Rao et al., 2003; Zamparini and Lurati, 2017). Research on institutional theory and identity is often portrayed as diametrically opposed (Ben-Asher, 2019); however, a closer integration may benefit them. Logics arise as identity-centred statements in empirical studies which are implemented by specific procedures and covered by particular networks or structures and mechanisms for control. Therefore, a more attentive look at the perspective of sources of identity and legitimacy can enhance our understanding of logics. In the context of intra-organisational processes and microlevel analysis, several scholars have attempted to apply a systemic viewpoint to identity literature (Goodrick and Reay, 2010). Research on sources of social identity and legitimacy, might help institutional scholars uncover organisational responses to a variety of queries pertaining to institutional theory by showing how resisting change could be derived by claims to identity and legitimacy (Geenen and Muehlfeld, 2020). In addition, studies on legitimising identity can gain from institutional logic analysis, especially specific to professionals in a field. They may

have perspectives into how identities become legitimised and practices may become disassociated (Kasperiuniene and Zydziunaite, 2019).

8.6 Fields and Subfields

Internal logic evolution triggers mechanisms of institutional change in the field, which radically reshape the field structure. Logic evolution makes space for a new subfield, redefining the objectives of the field and shifting the power dynamics between the actors. Since this involves the building of new elements and their connection to existing ones, logic evolution gives rise to the introduction of new tenets of legitimised identities, networks and practices as new ideas are blended. Such layers are expressed in the field structure, and they comprise numerous subfields that are interconnected to the overarching objective of the field. The central goal upon which the field operates might not automatically be disputed by field actors during logic evolution. Blending only partly updates the underlying and core definition of the field goal (Hoffman, 1999; Conran and Thelen, 2016). Across the global health system field, for example, people work together to ensure that the public is safe.

Change occurs as a restructuring process and continuous modification of clustered elements creating nested field structures. Particular factors at the field and societal level shape the logic evolution process and this allows sources of legitimised identities, relational networks, and control mechanisms to emerge. These can be densely or lightly coupled and, as such, result in a more or less relatively homogenous configuration and field "sedimentation" (Malhotra and Hinings, 2005). More cohesive subfields and more formal and ordered fields arise in the blending process. Compatibility among the identities and roles of professionals in various subfields ultimately leads to greater field integration with well-defined and organised systems, relationships, and distribution of power. More diverse subfields and more unstable fields arise if the macro and meso factors are not properly imbued in the blending process. Viable alternatives may lead to divergent sources of legitimacy and identity to co-exist, and thus lead to increased heterogeneity within networks, relationships, and power dynamics.

This study argues that restructuring of a field through the formation of subfields is a consequence of logic evolution. Potential study of developments at the field level will also

need to take account of the presence of these subfields. This may be induced by changes in the logic mix (e.g. adding a business rationale in a field dominated by state logic).

Nevertheless, the work shows that subfields can also be generated through the evolution of existing logics, and the evolution of concepts pertaining to the old and new paradigms when linked to the same institutional order.

8.7 Fields and subfields embracing the same overarching logic

The structure of a social group and structural relationships between the subgroups are influenced by logic evolution. Institutional theory has regarded stakeholders as highly centralized groups which maintain relatively similar principles in terms of collective mindset and associated practises.

They all have a similar logic that drives them in the field as professionals. Each subgroup therefore includes a more unique legitimate identity which determines its own and not the other members in other subgroups. This notion illustrates the fragmentation of the overarching logic. (Kitchener 2002, p. 414)

In the creation and evolution of subfields, new concepts and practises arise by the evolution of an institutional logic. The logic characteristics are then embedded and used in varying ways by different groups of individuals, who use these features to form the field, or some areas of the field. Each institutional setting consists of many subgroups that share a similar overriding logic but retain more complex identities that determine their legitimate membership to that subgroup and are connected by the overarching logic in diverse ways. This idea is coherent with the conceptualisation of logics as legitimacy and identity sources.

Acceptance of that vision allows considerations to be given to the way by which multiple legitimate identities are embraced and varied within an overarching logic, by the field participants related to this logic. Yet, logic as it is perceived in this study, is a collection of cultural beliefs and rules that organise cognition in the context of a given institutional field

which informs policy making and forming the behaviours and interactions of actors (Lounsbury 2002, 2007). The cultural devices are used in the recombination of identity and legitimacy by actors (Ben-Asher, 2019). Logics are modes of thinking centred on sources of legitimate identity and can facilitate different interpretations of such claims of legitimised identities. Collective identities that have been legitimised were described as "groups of actors which can be strategically and fluidly built, organised around a shared purpose and seeking similar outcomes" (Wry, Lounsbury and Glynn, 2011). Perhaps the principle of logic closely explores the higher social orders that form social action; it explores the paradigm of collection of legitimate identities which is applicable to a single social context made up of different participants.

Additional studies can highlight the relationship between those tenets to understand why we need concepts, of logic, identity and legitimacy in order to understand why and how researchers may choose to follow one or the other. The notion of multiple identities which are legitimate may describe the collective functions of individuals in order to accomplish a certain purpose whereas institutional logic can seem to rely mostly on the common values and practices that underlie and endorse certain functions which then lead to the specific effects.

8.7.1 Resource related power

This section discusses three key impacts of the proliferation of these new health initiatives in the global health system.

The capacity of countries to match their programme objectives with the WHO budget is limited. Participating countries agree and plan to use only the part of the budget funded by donations from member countries (about 25 per cent of overall budget) while donors choose how to use additional-budgetary (voluntary) funding (over 80 per cent of total funding) from governmental and non-governmental actors (Sridhar and Clinton,2017). Like in the case of PPPs, their authority depends on the success of their actions but is not connected to any transparency to governments. Prominent non-state donors are able to impose tremendous influence on global health policies through the size of their wealth. The funding from donors comes with some conditionalities which demonstrates the resource related power of big funders such as the BMGF.

PPPs focus, strategy and organisation is driven by the push to hold down R&D and operational costs. Munoz et al .(2015) note that while PPPs have to pay the expense of product creation and take into account the cost of product distribution (including the cost of registration), PPPs are mindful that they prefer to keep as close as possible to the cost of the last unit of production, in order to meet their access targets. Outsourcing of R&D operations in this context is a key approach implemented by PPPs to achieve the targets.

Thus, unlike the partnership between the PPP and its funders, where the funders appear to have an upper hand, the partnership between the PPP and its collaborators is distorted in favour of the PPPs. Two problems are fundamental to the problem of R&D outsourcing. The first issue relates to the recognition and selection of a trustworthy partner to perform various activities in the field of drug production and, in this context, to the credibility and confidence in the partners' expertise and capabilities (Das and Teng, 2001; Villena, Choi and Revilla, 2019), especially in the case of the use of corporate market testing and market manufacturing firms. This feature ultimately supports the hypothesis that the relationship of trust established by a prior experience or association between organisations and key boundary spanners affects the creation of relationships between organisations (Tatarynowicz, Sytch and Gulati, 2016).

8.7.2 Donor-related power

Viewed from the prism of GHIs, their operation and stability is fundamentally dependent on their ability to access financial services from multiple sources and, in that regard, it is crucial that the financial capital portfolio strike a balance between unregulated, semi-restricted and restricted funding (Boulton et al.,2014; Moran et al., 2010).

Extant literature points out that the power dynamic between GHIs and their donors, especially non-state donors, is weighted towards non-state donors. In emphasising the power yield of donors, Munoz et al. (2015), especially in adding conditions for PPP, states that, "in PPPs, donors decide on target areas for financing, criteria for disbursements of funds, control instruments, compliance criteria, etc. These specifications are not harmonised, nor are they

made public among PPPs (Munoz et al., 2015: 326). Furthermore, they agree that of the numerous donor groups, non-state donors, especially philanthropic organisations, are more likely to impose limits on how their funds should be used, and hence implicitly guide PPP preferences. This influence is also present over state-centric bodies such as the WHO.

A good example of this donor related power of the BMGF, the dominant non-state donor in the field, is when Bill Gates was invited to host an address in front of the World Health Assembly (WHA) in 2011. The important point to underline is the fact that this was the second time that Bill Gates was invited to address WHA. This key incident demonstrated the amount of influence that non-state donors have over traditional organisations such as WHA and WHO.

However, there is also an argument that tends to support the fact that private foundations haven't been more influential than, for instance, the UK government. Nevertheless, a key point to underline is that the BMGF tends to be more directive as opposed to the approach of governments (UK, Sweden, Norway).

To some extent, it can be interpreted that the single overseeing agency is the BMGF. As a funder of many PPPs, the foundation sees the wider picture of R&D ventures by PPPs; still, an overview of PPP portfolios or other coordinating initiatives at a broader level is not disclosed to the public (Munoz et al., 2015)

PPPs may be subject to the problems encountered by pharmaceutical firms in attempting the same, leading to dead ends, making futile attempts to duplicate screening, and studies previously conducted by others. There may also be a lack of cohesion and cooperation between the different GHIs, which results in needless duplication of work, although we do not have enough evidence to research how this could impact R&D performance. Competition is not always debated in a non-profit economy. In the case of PPPs, it is obvious that PPPs can compete for the same selected revenue streams to acquire funds.

The interviews did point out that GHIs are not always consistent as to who sets the GHI goals. In addition, various interests are associated, be it the major donor (i.e. the Bill and Melinda Gates Foundation, the largest philanthropic donor), the board, the pharmaceutical industry affiliate, or the government of infectious disease countries. Potential problems in the board may occur, for instance, when a pharmaceutical corporation representative or a funder is on the board; PPPs often do not have a simple plan about how to deal with the problems.

8.7.3 Accountability and initiative

As mentioned, several PPPs identify the R&D project's product profiles. Many PPPs, though, take a more pragmatic method to evaluating drug profiles, e.g. by choosing at a later point to identify a price plan for the latest medicinal product (Muñoz, et al., 2015; Pereira, et al., 2020). PPPs can also differ as to whether they have a specified 'service' policy (protocols for ensuring the availability of the latest medical drug to those who need it).

Many GHIs have certain *fundamental standards* to guarantee access, that drives agreements for information sharing (screening compounds), low manufacturing costs for business partners, and royalty-free licences, at least for endemic countries. This is accompanied by very strict rules and regulations with regards to clinical trials and development of diagnostic tools. This sense of increased accountability is key to protecting the public image of these new health initiatives and more importantly of the prominent non-state donors that fund them.

Small companies (such as biotechnology firms) can also be *extremely creative and show initiative.* As of 1980, the proportion of NCE related to small pharmaceutical and biotech firms has grown to almost 70 per cent (Munoz et al., 2015; Pereira et al., 2020). In addition, the large size of R&D investments of major pharmaceutical companies, and growth patterns by mergers and acquisitions, did not contribute to increased creativity and innovation with respect to newly approved NCE. PPPs with limited portfolios of projects may well have a peculiar propensity to stick to projects which would otherwise have been disbanded. Earlystage mono-product companies, as opposed to businesses with multi-drugs under development, are less inclined to terminate their main and most feasible drug targets (Guedj and Scharfstein, 2004).

The above can be interpreted through the lens of the impact of proliferation. While increased accountability and standards was one, the rise in professional initiatives in the field needs to be highlighted.

There are also initiatives at the country level where countries are requesting more integration and independence, at the primary health care level. However, donors have shown reluctance to give up control of these health programmes.

8.8 Proliferation agents and institutional change

The study focused on the role played by non-state donors in the mechanisms of logic evolution. They are seen as the proliferators of change and the key institutional entrepreneurs (DiMaggio, 1988; Lawrence and Suddaby, 2006). They do not only construct meanings derived from a different model, but also construct models and platforms to socialise those who are expected to incorporate them into their different functions and practices.

Institutional research has suggested that change mechanisms may be facilitated and initiated by both main and peripheral actors. Some believed that newer and less influential fringe players in a particular field had a greater likelihood of innovation as their innovative behaviour was unlikely to get them sanctioned (Hardy and Maguire, 2017). Subsequently, additional research revealed that in fact it is the most effective and central actors that are capable of catalysing change (Greenwood and Suddaby, 2006).

In accordance with this work, researchers looked at the players that were perceived to be critical to the processes of institutionalisation and the implementation of policies. The main focus has mainly been on public entities, such as the State and specialised organisations (Kellogg, 2019; Greenwood et al, 2002) and these were perceived to be reform initiators. The majority of field logic research in the health sector claimed that the change in the field was largely promoted by the state and resisted by the participants (Reay, Goodrick and Hinings, 2016). This study however, suggests that non-state donors have been the key proliferators in enabling the process of transformation. They have moulded new ideas and engaged other

stakeholders' interest in a particular cause, thus creating specific identity for field professionals who subscribe to the new practices. They are in a position to recognise the potential of improvement (Huybrechts et al., 2020) by using targeted and tested approaches to build relationships between selected players in the field. These proliferation agents transmit to the participants an identity that is viewed as legitimate. Interaction and socialisation allow field participants to continue to learn and to develop and strengthen ties with other professionals in the field. Socialisation was a critical aspect in the literature of the old institutional theory which neo-institutionalist research has nevertheless ignored.

This research illustrates the fact that mechanisms of institutionalisation can be undertaken by individuals who have not been studied before. The mechanisms and field developments expounded upon in this study, such as the PPP subfield, are largely guided by players outside of the conventional political sphere. It is consistent with an increasing number of recent research on social initiatives which highlight social change as a vehicle for progress, (Schneiberg and Lounsbury 2017) for a synthesis.

Furthermore, proliferation agents will monitor the implementation and processes of socialisation through control mechanisms both formal and informal. This is particularly true in highly skilled scientific areas, such as medical product development, where the mechanism of social relationships is systematically defined. As such, non-state donors seem to be the most important type of institutional entrepreneur and theorisers in the development of professional logic. A deeper examination at various forms of theoreticians not previously recognised by academics, might show certain mechanisms of transition, distinct from those recognised from current literature.

This study expands the analysis into mechanisms of institutional change to fields which have not been included in theoretical models before. Much of the institutional work has, to date (e.g. Reay and Hinings, 2005, 2009; Greenwood and Suddaby, 2006), been based on mature fields. There has been very little research based on other new areas (Maguire et al., 2004; Purdy and Grey, 2009). In addition, a variety of experiments centred on describing the institutional effects of logic transformation in the global health system is viewed as a fundamental work in a complex field (Thornton and Ocasio 1999).

CHAPTER 9. Conclusion: contributions of the study and suggestions for future research

9.1 Contributions of the research to institutional theory

This work extends the latest research on field-level change in institutional theory, and makes some theoretical contributions to this literary source. First, by analysing systemic change in a specific context, the analysis explores and develops the principle of logic evolution. Second, the work extends our understanding of logic as toolkits, the elements of which can be combined variably in a particular area. Third, it identifies the main contextual factors that form and influence change trajectory towards logic evolution.

To date, the literature has concentrated on understanding how logics that come from various institutional orders change or are mixed in a field. Studies examining the health system arena demonstrate how the dominant logic changes from a professional logic to a state logic and to a business logic (Gawer and Phillips, 2013). This thesis demonstrates that the emergence of concepts belonging to diverse conceptualisations of logic originating from the same institutional order, may also cause changes within that field.

The work shows that concepts of such logic can coexist in the same sense and within the same arena, and describes the different processes by which they are created.

Logics tend to be cultural toolkits when tested empirically (Swidler, 2000; Richey and Ravishankar, 2019), the elements of which can be combined variably by actors in the field. This logic conceptualisation helps to expose the mechanism by which logics shift internally, and adds an aspect of versatility and possible congruence in logic characterisation. This also helps one to focus on which components of a logic are important and which are incidental, thus attempting to create institutional logics.

Various social and field-level considerations help the cycle develop. The ability to crystallise change, and degree of trust in embracing pluralistic perspectives, differ across societies.

The legitimisation and accumulation of proliferators in a field, as well as participants' socialisation to new concepts varies across fields. These variables affect the way different model concepts are integrated, thus reconfiguring field structure.

Fields and group participants display varying degrees of internal diversity as a result of logic evolution. Fields tend to be embedded in subfields, in which participants have unique identities. The logic evolution cycle establishes and reconstitutes concepts and practises which then become demarcated and embedded. Such ideologies and behaviours are adopted in different ways by various individuals who use them to reorganise a particular field or parts of it that result in the "normative fragmentation of professional logic" (Shekhar, Manoharan and Rakshit, 2020). This conceptualisation helps to explain how actors' identities are legitimised and thus establish relationships inside this field (Hoffman, 2016).

The study points to the role of non-state donors as proliferation agents who promote fieldlevel change in a historical and highly institutionalised environment. Previous institutional work, centred on healthcare environments has identified improvements in the logic that are encouraged by the State and placed on professionals. This study explains that institutional change in highly institutionalised sectors is more likely to be facilitated by non-state players serving as agents of proliferation (Malsch and Gendron, 2013) and institutional entrepreneurs (Hardy and Maguire, 2017). The proliferation agents detailed in this study rely on their position as business leaders and experts to evolve institutions, and disseminate these systems in the sector by regulating the socialisation of professionals to create new legitimate identities.

The results of this work indicate that social relationship processes are important to underpin field-level change in professionalised sectors. Findings indicate that socialisation, rather than focusing on hierarchical networks, is important to construct, explain, validate and disseminate new structures (Greenwood et al., 2002; Purdy and Gray, 2009; Zamparini and Lurati, 2017). This research clarifies that the ability to create a participatory hub in highly professionalised fields is a mechanism that causes institutions to be theorised, and identities and practises to be communicated to social actors present at the micro level. This correlates this social interaction process with the enactment and further development of institutions across relational networks.

The result of this thesis prompts us to consider agency as a capability or attribute derived from the resources, powers and duties associated with the social roles that actors assume (Abdelnour,

Hasselbladh and Kallinikos, 2017). Institutionalised roles and social statuses are created. Groups of people do not enter the social ‘stage' and start exercising agency; rather, social actors as occupiers of roles do. Groups of people as meaningful actors are elevated to the forefront of institutional theory, simplifying the institutional architecture of organisations, fields, and social structures of reproducing institutional identity and of causing change.

Furthermore, this thesis investigates several important topics raised by the 2017 paper by Abdelnour et al. Individuals and organisations do not directly reflect one another. Institutions are best understood as logical patterns, basic principles, and cultural systems that emerge in a variety of ways across social situations. Institutions and institutional theories linked to duties, intellectual property, organisational forms, strategic planning and incentives, and other topics hold social entities like organisations together.

Institutions are dynamic and diverse by nature with various and possibly conflicting ideologies, social practices, and control mechanisms. Individuals, contrary to extant arguments, are extremely adaptable when it comes to embracing and coping with the dynamism of organisations and fields. Likewise, institutional fields and society provide a never-ending supply of options and possibilities. Such shifts seldom deviate from the overall structures of contemporary society as envisioned in previous institutional theories, but instead they build on and expand the broad structures of sense making and activity (Castoriadis, 1987; Emirbayer & Mische 1998; Giddens, 1990, 1991).

Neo-institutional theory has generated a series of meaningful advances, highlighting the connection between organisations and the larger field and social setting. These developments have grown progressively inconsistent over time. As highlighted by (Alvesson and Spicer, 2019), this has resulted in increased ambiguity, substantial misunderstanding on whether the aim was to use it as a theoretical lens or to study it as a phenomenon of interest. Additionally, there are increasing self-contradictory statements, a limited theoretical purview, and a proclivity to overthink concepts. As Meyer and Rowan (1977) and DiMaggio and Powell (1983) so eloquently said, each of these issues has a propensity to diminish the insights that institutional theory might bring. Although some researchers and publishers manage to avoid circular arguments, misinterpretations, and other issues, their audience may have a harder time sifting through the expansive and ambiguous terminologies, as well as the plethora of texts that employ the essential sign of "institution" in various ways

(Alvesson, Hallett and Spicer, 2019). On a field level, jumbled collections of texts with vague, ambiguous, and inconsistent meanings make it impossible to grasp the overarching argument.

This thesis has proposed some solutions, including articulating fundamental ideas, overcoming a restricted theoretical point of reference. The researcher believes that this thesis, can make institutional theory more informative and perhaps less perplexing.

This thesis focuses on the description of the GHI field before and after the proliferation of non-state actors. It examines institutional processes in contexts that are not commonly studied by organisational academics. It stresses the importance of undertaking comparative research to analyse comparisons in the evolution of institutional processes premised in specific environments. It claims that research environments impacted by non-traditional actors offer evidence of more dramatic improvements than those in conventionally studied settings. Ultimately, it points out that, given the change in the traditional institutions after the proliferation of the non-state donors, and the assimilation of corporate practices, these environments are more nuanced than in any other case. Societal and field-level dynamics accompanying this transition in these contexts need more evidential and theoretical analysis.

9.2 Contributions to Hybridization Theory

A plethora of literature (Matinheikki, Aaltonen and Walker, 2019) talks about hybrid organisations solely from an organisational structure point of view, such as the description of networked organisational structures as hybrids (Powell, 1990). This contribution of this thesis diverges from this line of research and specifically focuses on the stream which describes a hybrid organisation which combines a variety of institutional logics (Battilana and Lee, 2014). In particular, this thesis contributes to the definition of organisational hybridisation as a process of change whereby an organisation seeks, in their values, structures, goals and processes, to move from one organisational settled situation (that is, setup of institutional and standards of organisation) to another by introducing more than one rationales in the form of institutional logics (Battilana et al., 2017; Schildt and Perkmann, 2017).

For organisations that (1) incorporate a wide range of stakeholders, (2) pursue numerous and frequently competing goals, and (3) take part in diverse or unpredictable activities, a hybrid style of organising can be especially relevant. (Besharov and Smith, 2014; Mair et al., 2015).

To satisfy stakeholder expectations, a hybrid organisation needs the re-configuring and merging of diverse structures, practices, and cognitive components such as ideas from different logics into a new organisational composition. (Battilana et al., 2017; Schildt and Perkmann, 2017). Selective coupling which entails the use of a dynamic blend of selected practices to meet the needs of different logics, is one way to do this. (Pache and Santos, 2013). The usage of such methods can therefore be regulated by putting in place governance systems that guarantee that various logics are assessed. (Mair et al., 2015). Particularly crucial for integration of organisational members and for the development of new cognitive systems and ways of thinking,and behaving are also the human resources administration practises and active socialisation and awareness about hybridised objectives and practises of this organisation; (Battilana and Dorado, 2010; Schildt and Perkmann, 2017). Such attempts can be paired with integrated incentives to recompense actors to achieve blended objectives (Wittmer, 1991).

Hybridization is a nonlinear process that will almost certainly generate opposition as well as uncertainties and vagueness. (Evers, 2005; Jay, 2013), just like any other significant organisational transformation process (Greenwood and Hinings, 1996).

The findings of this thesis contribute to the study of institutional logics and hybridization and categorization processes to evaluate how institutions will influence the field and the relationships within the setting (Falaster, Zanin and Guerrazzi, 2017). Because there are many logics at work here, discourses will need to be hybridised or classified into new definitions to support the balance of logics. These processes will define not just the field's image, but perhaps also its approval among the diverse actors, as well as its validity among these actors.

9.3 Limitations of the study

Although the research seeks to make a major impact, there are also some drawbacks to it. With this study being a qualitative one, it is not intended to test theory but to elaborate and interpret. Henceforth, the goal is to expand theories and generalise them. Thus, the research findings that have been put forward will gain from large-scale quantitative studies. A collaboration with civil societies or private foundations might be beneficial. Such organisations might be interested in understanding how professionals react to radical changes in their professional environments. Furthermore, such collaboration might help to understand the nuances of legitimising the identity of professionals.

Health services operate in highly politicised settings. Therefore, analysing specific professions and discussing the degree to which the dynamics we have discovered in the context exist in particular professions would also be beneficial.

Although our research offered a comprehensive analysis of a reasonably wide variety of organisations, future research might take a longitudinal look into how social innovation in global health can evolve. This helps to explain how institutional logics evolve over time amid the complexity of policy and organisation. A larger sample in the study of organisations is important to evaluate how the comparative effect of institutional logic on social innovation differs across various forms of PPPs.

9.4 Alternative explanations of the process of change

The function of proliferation agents is unquestionably important in the phase of transition in the GHI field. In order to understand why such agents both from outside and inside the field alter structures (Osborn and Hagedoorn, 1997; Lok and Willmott, 2019), institutional scholars have contributed to the idea of institutional entrepreneurship (DiMaggio, 1988; Hardy and Maguire, 2017; Mahzouni, 2019). Institutional entrepreneurs find areas for growth and encourage social movements to reform existing institutions. Institutional theory has called attention to the study of the pertinence of personalities in promoting transition. However, it may be argued that there are relatively few cases of institutional change powered exclusively by individual actors. Rather more importantly, it is the collective action of entrepreneurship that can generate reform (Hardy and Maguire, 2017). This research however, indicates that certain high-status individuals via their leadership and personality, are also essential to the development of institutional processes. In fact, in the case studied, the legitimacy of the most prominent proliferation agents has allocated a legitimate identity to the modern professionals that they have explicitly championed. In transmitting and legitimising identity to the professionals, they also enhance their own legitimacy via the communication of success stories. Nevertheless, individual human agency alone cannot justify the transition and the inconsistencies in the procedures of the case in question. The respondents made it apparent that a variety of social and field level variables caused the change to take place. While the prominent non-state actors were described as main agents of proliferation, they referred to a multitude of key stakeholders- such as academic institutions, independent contract organisations, micro businesses, key governmental actors- that led to the outcome of the process. As such, a series of social players influences moulded the mechanics of the institutional change process.

An alternate approach to this study could be the use of agency resource dependency theory (Zona, Gomez-Mejia and Withers, 2018); it may be argued that the GHI field, specially the subfield of PPPs (for the provision of medical products for neglected diseases) has changed in divergent directions in the period under review, due to pressure exerted by non-state donors such as the BMGF who provided the necessary resources to facilitate and enforce the change. These non-state players varied from philanthropic organisations who provide

financial resources; academic and research partners offering expertise, and intellectual capital; central governments providing political support; and ultimately, transnational institutions, like the WHO, delivering international legitimacy.

9.5 Suggestions for future research

To conclude, this analysis provides some potential avenues for future work that could expand our insight into institutional processes on the basis of the data described in this thesis.

The involvement of unconventional participants in the promotion of field change can be discussed during institutional studies. This thesis indicates that proliferation agents are capable of legitimising the identity of professionals, through socialisation owing to their connections with the international business community and their ideological drive and holistic attitude in tackling the problem at hand.

The use of specific logics provides researchers an opportunity to understand the mechanisms by which participants evolve a social context. Hence, a more complex and evolutionary conceptualisation of logic will make it easier to better explain the mechanisms of social creation, such as logic evolution. The logics are tool boxes (Casasnovas and Ventresca, 2019) or social devices (Swidler, 1986), which consist of many characteristics which can be updated.

They may be used to smooth out problems in various setups. Macro and meso level factors that affect the logic evolution process may help scholars consider when and how in a certain setting, logic might evolve and interact. This would allow the integration of logic variations in a specified spatial context to be considered. It may also help to explain clear inconsistencies in the activities witnessed across, and throughout institutions.

Logic evolution arises as sources of identity and legitimacy in the field are updated. A more thorough analysis of how new identities in a field is legitimised will thus boost our understanding of logic. Studies on legitimising identity may help institutional researchers

identify organisational responses to a number of institutional challenges, including through showing what resistance to change (Castells, 2006; Geenen and Muehlfeld, 2020) might arise. Institutional study, viewed through the lens of legitimising the identity of globalised professions will benefit from a strong link with the research on professional identity creation and legitimisation (Castells, 2006; Chreim et al., 2020).

In line with hints provided by previous studies (Suddaby, Bitektine and Haack, 2017; Thelisson, Géraudel and Missonier, 2018), while this study showed that sources of legitimacy and identity may be considered as key factors in the evolution of logics, it may still be important to recognise other characteristics. This research stresses, for example, the fundamental importance of relational networks, control mechanisms and practices. Logics may consist of the core and alternative elements (see Walker, Schaeperkoetter and Darvin, 2017 on institutionalised practices), and the core elements, while the auxiliary elements are usually weakened, seem to improve with time and withstand future modifications. However, more theoretical and analytical investigations are required for the internal characteristics of logics. This will help academics better interpret institutional logic. In consideration of the conceptualisation of logics as tool sets, future research should carefully analyse questions pertaining to field and subfield creations. Analysis of changes in field levels has to take into account the presence of subfields that emerge due to logic evolution. The configuration of the field, the internal makeup of the actors, the values, identities, control structures, governance and practices are organised and varyingly related by conceptual frameworks of logic evolution. The evolution of logic contributes to the complicated mechanisms under which fragmented actors recreate and redefine their links in the field. Comparative research should be carried out by researchers to discover the factors behind these discrepancies.

Finally, future studies should concentrate on the exploration of current relevant contexts and the creation of new theoretical principles for improvements at the field level. In this respect, researchers could investigate the institutional change in the field of neglected diseases pertaining to middle-income countries. Extension of the logic study to incorporate this might help to define the temporal and spatial boundaries of logic (Thornton and Ocasio,2008) and study the different power institutions within or between these contexts which contribute in specific fields to unique mechanisms of change (Beckert, 1999).

Given the characteristics of institutional systems, a revision of some major theoretical constructions of neo-institutional literature may be necessary for insights from these studies. In taking this approach, we need to take note of mechanisms and principles emerging from systemic research that may be studied in other contexts.

In addition, researchers may establish concepts that dominate the scholarly discussion, namely institutional logics, institutional entrepreneurs and institutional research, by expanding theories in order to accommodate this heterogeneity.

The literature from institutional theory might help to define the particular national variables underlying institutional systems by examining these environments by performing comparative studies. This may provide perspectives into other literary streams, such as international business literature. Multinational organisations which are fundamentally driven by domestic contexts face difficulties in working across countries, and implement techniques for collaboration across subsidiaries (Holmes Jr, et al., 2018). An awareness of the context specific variables underpining institutional processes may lead to the production of more effective solutions.

Appendices

Appendix A: Interview schedule

Transformation of health initiatives: Redesigning of the medical products field for neglected diseases

The purpose of the study is to examine the emergence of health initiatives from the early 1990s to recent trends, focusing on the macro and meso factors and the role of key stakeholders that have led to the transformation of the concepts in the field as well as the changes made with regards to the availability of medical products for neglected diseases.

I would like to thank you very much for taking time to help me with my research.

- Can you outline your background briefly?

- Based on your experience and perspective, can you explain the reform process in health initiatives for the provision of medical products for neglected diseases?

    - Can you elaborate on the context during which the reform began?

    - How has it evolved over time and how has this influenced the development of health initiatives?

    - To what degree has the cycle of change progressed over time?

    - Who were the leaders behind the initiatives?

- What were the main reasons that made the change process possible, and what were the reasons that inhibited it?

- What were the main priorities for change?

- Can you say these were done and to what extent?

- Why? Have they been (not) consistently accomplished in every country?

- What has been modified in the process for the distribution of medical products (and in the health initiative process in particular)?
  - Why do you think it was agreed that this should be revised?

  - What were the concepts and principles that were behind it?

  - Why has it been updated in this unique way?

  - How did the health initiative's architecture transform?

  - Did the change process, give birth to new networks and processes (e.g., the replacement of conventional healthcare institutions or the development of explicit practices; public / private influence on service delivery structures) ?

  - Did the management frameworks of the health initiative environment change?

  - How have the responsibilities and obligations of the parties' concerned (e.g. organisations, ministries, officials, doctors) changed?

- Which actors have been the most relevant in the change process? ○ What symbolism did the change have for them?

    - How did they help define the values and ideas implemented?

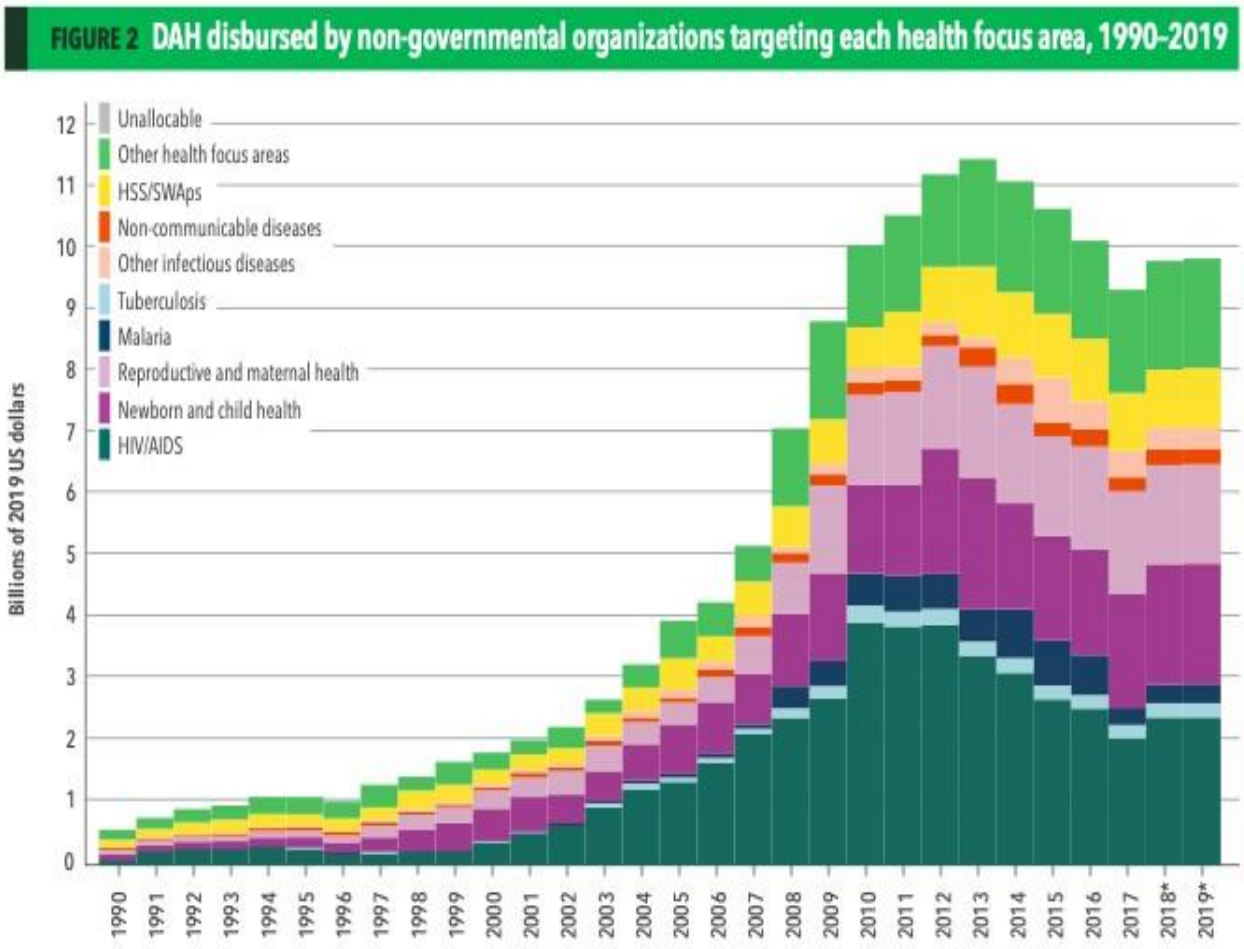
    - How did their contributions help influence the reforms?

    - How did they change the partnership model over time?

- What is the perception of the changes by the different network participants?
    - What were the most widely recognised aspects of the changes, and which were criticised?

    - What are the changes' main advantages and disadvantages?

Appendix B: DAH contributions by non-state donors (Source: Institute for Health Metric and Evaluation, 2020)



Appendix C: Gates Foundation DAH (Source: Institute for Health Metric and Evaluation, 2020)

TABLE B3 Development assistance for health by source of funding, 1990–2019

Funding source	1990	1995	2000	2005	2010	2015	2019*
NATIONAL TREASURIES							
Australia	50.9	164.67	210.4	283.63	645.14	466.19	349.67
Austria	49.86	37.07	59.79	155.26	116.56	69.58	75.53
Belgium	151.64	135.49	144.37	520.21	357.12	297.28	275.95
Canada	164.47	235.1	157.55	822.45	1,018.84	1,119.52	1,073.73
China	82.78	98.83	142.09	217.45	443.22	585.93	734.69
Denmark	121.28	146.36	182.83	305.19	476.45	238.85	239.32
Finland	138.43	43.58	59.16	121.39	195.59	137.29	86.14
France	857.92	611.58	232.87	817.77	985.59	962.21	762.81
Germany	271.42	765.66	366.77	714.25	1,205.67	1,422.09	2,116.62
Greece	2.07	11.12	12.32	59.72	21.39	13.2	16.46
Ireland	5.18	34.78	45.77	202.51	218.95	141.97	161.09
Italy	280.34	186.94	174.22	511.65	319.5	363.18	444.06
Japan	617.59	964.91	932.95	856.34	1,094.27	1,031.03	1,172.41
Luxembourg	1.99	21.23	39.98	61.64	94.08	73.14	84.96
Netherlands	253.68	310.53	646.69	642.38	780.3	716.94	748.73
New Zealand	2.03	58.43	10.13	34.31	51.83	35.71	38
Norway	132.33	135.66	145.8	601.91	838.14	737.44	741.55
Portugal	1.4	15.17	17.48	30.45	36.78	38.92	31.41
South Korea	1.31	15.7	96.91	142.84	210.63	278.25	348.8
Spain	20.89	212.21	207.23	320.48	689.37	128.62	228.51
Sweden	403.78	253.68	154.76	707.46	859.07	604.96	717.01
Switzerland	109.87	75.18	71.86	111.58	161.62	263.55	265.72
United Kingdom	281.22	302.92	1,135.47	1,461.31	2,362.39	3,713.27	3,509.49
United States	2,101.74	2,795.81	2,932.43	5,643.82	11,527.86	11,819.76	12,234.94
Other governments	140.82	256.23	150.89	157.39	286.85	709.52	787.16
PRIVATE PHILANTHROPY							
Gates Foundation	0	0	427.65	900.52	2,073.74	2,721.9	3,911.29
Corporate donations	56.86	119.14	158.46	555.69	648.8	880.53	809.26
Other private philanthropy excluding Gates Foundation	507.71	778.09	1,420.97	2,251.23	3,527.67	4,360.4	3,756.81
OTHER							
Debt repayments	220.13	866.85	1,187.01	1,196.5	2,379.49	1,174.21	2,100.06
Other	689.19	722.77	770.55	1,395.77	1,216.3	2,297.08	2,131.28
Unallocable	79.68	88.56	54.79	0.12	347.21	473.14	603.99
TOTAL	**7,798.47**	**10,464.25**	**12,350.16**	**21,803.23**	**35,190.42**	**37,875.66**	**40,557.47**

**2019 estimates are preliminary.*

All figures are in millions of 2019 US dollars. Development assistance for health includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates development assistance for health by primary funding source. Dashes indicate inapplicable.

Appendix D:

A. IDEAL TYPE OF PROFESSIONAL LOGICS AND MODES OF LOGIC EVOLUTION		
First order categories	**Second order categories**	**Illustrative quote**
	A1- Professional logic of assistance	
Centralisation of power	Control mechanism	" The problem for me is that unbalanced between the distribution of power, meaning, you know if you have now, like who being so I don't wanna say but like being so dependent on funding from the Gates Foundation from other foundations, private foundations, I think that's when the problem starts to to happen, because the big foundations will start dictating what the global health priorities should be, and then where the funding should go to. And then because of that, because they have the pile of money, what would inevitably ends up happening is that all of the smaller players and the organisations that could be doing research that's very, let's say needs driven end up changing their focus to to a more funding driven kind of research and then they de prioritised patient needs " (Non-profit Research Institution A)
Hierarchy and direct control		"With the CDC was simpler to some extent, because I mean, it's very similar function in terms of monitoring and evaluation of our programmes and things like that, in terms of the purpose of the function was quite simple. But in terms of the actual governance of it, it's

	very different because it was CDC, your main, you are accountable to one entity, which is really the US government. And so that's a very clear cut, you have only one, you know, I used to work in the HIV space. So in the global HIV space other PEPFAR, which is a big funder, of HIV programmes in the world. So they have very, they had a clear guideline me they wanted to get by a certain date. So that's what we were tasked with. That's what we were monitoring. So it's very simple in that sense." (US Government Agency, J)
Formal line of guidance	"WHO, in a way is considered the authority on normative guidance. And their contribution, potential contribution, I think is always respected. But the practices are in charge of the normative guidance at headquarters. They definitely are the authority, because about a country level and the input that they could potentially provide, I think their skills are strongly recognised, but they're often restricted because of their resources." (Independent Consulting Firm K) "There's a whole host of technical support that WHO provides they are the chair of the resource mobilisation committee of the CCM in Nigeria. There, they are as much a part of what we do as the country."(Non-profit PPP R)
A2 Professional-Logic of integration	

		"With regards to these country coordinating mechanisms, I think there's great variability, actually from country to country. Okay. Do you have some example? The context to really, it makes a big difference? Well, I mean, in a, in a country, like Indonesia, for example, where the country is so large, and so geographically spread, it can, you know, having a CCM based in Jakarta. You know, I don't know how representative that might always be of all of the regional interests. So it's hard to gauge that similarly, with Nigeria, you know, it's 36. Many countries within a country. And so representation is often fraught, and it's political, because a lot of money is involved. So it's never a perfect, it's never a perfect fit. But I think, overwhelmingly, if it hadn't worked, we probably would have done away with them. And those countries continue to have them operating at varying levels of success." (Non-profit Agency, R)
Fragmentation	Cooperation in Network	"You go to any country in Africa, there are 30 donors, I'd say in Burkina Faso, or in Uganda, there's 30 different donors or bank, you member states, the UN agencies who each fund the multitude of little things in health. And then they have those donor coordination platforms where they exchange a little bit, but you know, everyone has their own political ideas. Everyone has their babies, everyone has their pilot projects, everyone has their, it's just such a mess. And then the government is

		running behind because they need the money. So they're getting the money. And then they spend their time doing monitoring and reporting to all of the different donor agencies. And every three years, the same circus, with new project coming in, and people not donors, not coordinating their approaches." (Philanthropic organisation W) "Well, as I say they operate in a very fragmented way. It's not always coordination between country offices in Geneva office, even within the Geneva office. They have disease specific teams, health systems, specific teams, economic specific teams, these teams I've found in the past don't communicate very well with each other. So there's a lot of duplication of effort. And that fragmentation causes huge problems for beneficiaries of who assistance, as well as international experts that are trying to work out a coherent strategy from one organisation where there are many different threads coming out of WHO." (Historic academic Research institution F)
Blurred lines of control	Cooperation in Network	“And it has been an issue many times for different reasons, right. I mean, if you look at the barriers of data sharing, you do see a lot of regulatory arrangements in place that actually don't allow things to progress as quickly as they should. And at the same time, you have national and sub regional or regional limitations. And for example, in data sharing, you have a lot of things around the Nagoya

		protocol, that is, you know, it's a big protocol days, really Putting some checks and balances in place to ensure that if any data or sample sharing, if it is to be shared, it is going to benefit the places where that data has been extracted. At the same time you have the IHR the International Health Regulations that say you actually need to share data as soon as an outbreak or as soon as an outbreak is confirmed, so that the international community is aware of that and can respond accordingly. When you don't have all these different instruments well aligned and sort of adapted. That's where the problem is created. And I know although I haven't worked myself on it, I think it's quite clear that's one of the biggest problems for sure." (Philanthropic organisation O)
Integration	Core idea	"I think it's quite difficult to predict, I think there's a real sea change in the kind of the global health agenda going on, I think, you know, we're moving much more towards universal healthcare and non communicable diseases, diabetes, heart disease, etc, are going to be the big agendas going forward. I think that the Global Health architecture is not very well set up at the moment to address those issues." (Historic Academic Institution Z) " Another example might be integration. So previously, where they could be a device was provided that could test for TB and early and for diagnosis for HIV parts that were only previously used for TB because they procure

by the TB programme. So the increasing push, so to speak for devices like that Not to be right, think not to be siloed, in one programme, they're going to be expected to work for also for HIV. And if they can do like, the Kinect machine can also do other diseases, that's the kind of device that's going to be more popular because it can meet the needs of multiple people with different diseases rather than just one group" (Independent Consulting Firm K)

"So but the recent push for UFC, it's changed that slightly. So you're seeing more of a kind of push towards understanding synergies between different.Yeah, understanding synergies between different diseases, understanding health systems as a whole. And I mean, you know that the health systems approach is very much focused as with some among development partners, as well as among kind of across all stakeholders, there is a consensus about the idea that vertical programmes need to be integrated." (Academic Research Institution B)

"And recognising that you've got to have some system strengthening investments to happen if you're going to be able to respond to epidemics like that when they emerge. Now you're seeing things like the Africa, CDC, build up its capacity and footprint across the continent be able to respond to this. We've

		seen the same thing with the Nigerian CDC. The role of the US CDC, as part of the PEPFAR programme has really increased, I would say, over the last 10 years, which helps to respond to this" (Non-profit PPP R)
Preventive and advisory function	Legitimised identity	"through the London declaration. That was one of the classic examples. And if you look on the gates are pointed towards the gates site or you know, grand challenges and the digital summit, a multitude of projects has been financed a multitude of projects have been finalised in a wide spectrum based on the preventative side and the curative side of these diseases." (Non-profit organisation Q) "essentially, what we do is this , I think, broadly, that could technical assistance. So when governments are setting a strategic plan or their priorities moving forward, they tend to have the timeframe, like a five year time frame, and in that period, before setting what the goals, what the sort of targets are going to be and priorities moving forward. there's a set of processes. So there's kind of wide literature that's grown around the idea that you need, you know, for effective priority setting with decision making, you need to have something that's evidence informed. Okay, and transparent and systematic. And that has, you

		know, extensive stakeholder engagement, " (Academic Research Institution B)
Expanded relations and increased attractiveness of M.H.P	Legitimised identity	And I also think that, for example, if you go and talk with WHO, five years ago with Margaret Chan, she would not even consider any kind of collaboration with the private sector. You know, you see, for example, that the title was being very open and say, there's only one actor that we're not willing to have a conversation with. And that's the tobacco industry, because there's the FCC, and therefore, there's no way there's a collaboration there. But he's very open to discuss with, you know, other companies such as Nestle Unilever, how to work for example, on NCD's, which I think is a change in itself in a narrative into what's coming. (Philanthropic organisation O)
Decentralisation	Cooperation in Network	"It does seem that the trend is to actually have more private sector involved in in the sort of more global health issues. Which comes with interesting points, both positive and negatives, as you potentially know and have studied. You know, I've always worked more on the third sector, which is not even public or private, right. So they have the governmental even into government or being public, then you have so they're really private sector profit commercial and they have like the third sector

		with NGOs and, and sort of philanthropies." (Philanthropic organisation O). " Obviously, there is a massive responsibility for domestic resource mobilisation for countries to organise their own resources. And that's another way of, you know, like tax systems, how do you make fiscal space to collect funding? How do you ensure that government allocates enough money for health and there you have a whole other level of issues when it comes to corruption in a lot of places. And when it comes to then, the World Bank and the IMF pushing for liberalisation, privatisation of services, and huge amount of new initiatives, innovative ways of financing health, which are putting countries into even more debt and pushing top down solution global solutions that are thought through in Washington and Geneva, on countries and that absolutely are disaster at the local level, because they're totally not thought through within the cultural context, like performance based financing and results based financing is a nightmare. And so in the end, anyway, with corruption and the lack of decentralisation policies, in most of these countries, the money never even arrives on its way. " (Philanthropic organisation W)
Accountability	Control mechanism	"It does seem that we are progressing in the direction of more participation of non traditional actors, the public ones, so being more efficient, sort of bringing in the practices and if that sort of processes of the

private sector is so good on, for example, programmes are being managed. Way more, you know, performance indicators, KPIs, timelines, budgets, it's all looking at maximum impact and maximum efficiency." (Philanthropic organisation O)

"Where they're more negative, I think they're either not collaborative. They have very different accountability mechanisms, then we are used to with governments, they have almost zero accountability." (UK Government Agency Z).

"Example, I think CIF, is one that is more transparent. Yeah. And they have more detail. That is also because they're a London based institution, they're going to hear more about them. But I feel like a bit more sense as to what their projects involve how they do it. And I know that they, for example, they publicly tender their evaluation. Whereas Gates contracts institutions directly. And we saw competitive process, but it's not a publicly tended piece of work. So if they do them, so I guess that again, makes you think, well, it might be some more accountability with the foundation, such as CIF they willing to get more outsiders is in so to speak." (Independent Consulting Firm K)

		"basically, I realised that in Brussels, everyone works on their fetish, or their little topic, and I think that is also in a way, purposely done so by donors, I think they are truly, you know, if they mean well, or or not, that's the thing, that's another question, but purposefully putting us in very fragmented lands. And we each defend and try to increase funding, improve policies for very specific things, which we managed to do, but in very, very small, small ways, you know, we managed to increase a little bit budgets here and there and improve mechanism so that they are more geared so that civic societies that are better involved here and there, but we're not massively changing the root causes of the issues.. " (Philanthropic organisation W).
Managerial responsibilities	Control mechanism	"GAVI oftentimes doesn't work well together and on the ground with UNICEF, it shouldn't be the primary, you know, partner because they're working with children. So because yes, again, the management lines are different. The, the reporting lines are different. So a lot of times I've heard from people who work and I've seen that when I was working with MSF in the fields, like, you see that they only find out about what the other is doing when they had the public reports. " (Non-profit International Agency A)

		"So, as part of my current job, yes. Because as as you know, snake bites was added to the WHO entity list in 2017. So obviously, it's not an area that is formally adopted by welcome just yet we're going to have a decision. a pirate Board of Governors that you For you to decide whether or not to make this a priority or in through snake bites. I've been learning more about entities. There are other parts of him that work more directly with entities and that is more on the science department or innovations department, but then those are usually more discrete areas of work. "(Philanthropic organisation O).
Individual responsibility	Control mechanism	"So I don't think there are actors missing, I think actors should go away and leave people alone and develop the way they want to develop. And I think if there is something that we need to support is community owned solution cooperatives" (Philanthropic organisation W)
Rise in contract based independent organisation	Network	"So CEPA is an economics and public policy consulting firm, and which we have a global health practice, the global health practice does a variety of work across a number of areas, which if you want specific details, you can have a look at our brochure on our website. And but we do work for a number of organisations, which I think it's I would say, majority of my work would be the organisation which are impacted by private foundations such as the Global Fund and Gavi and WHO and others who receive funding

		from them. And then some of our work is also directly contracted to some private foundations."(Independent Consulting Firm K)
Separation of research and development / evaluation	Legitimising identity	"R&D is not an area we work specifically in. But in terms of development, we wouldn't be, I guess, the closest example might be one UNITAID. Okay, if they are trying to bring in a new product, we would look at which product that was, what the uptake was, like in countries where the donors are subsequently taking that product forward. What we wouldn't do is look at specific process of actually developing the product in the first place to end at the point of, of trying to get it scaled up and countries to stimulate some demand to then get it scaled up." (Independent Consulting Firm K)
Focus on R and D	Legitimising identity	"Gates is working on a number of different malaria innovations, from trying to come up with things that are more effective than the current market of insecticide treated bed nets, they were investing in some interesting options where the net actually is treated with a chemical that doesn't allow the mosquito to fly anymore, they're investing in genetic modification of mosquitoes that can try to prevent the transmission of malaria. They've invested a lot in water and sanitation, and, toilets, honestly, which are really critical." (Non-profit PPP R)

		"So I think it's potentially more clear and easier to spot if you actually have one partner that is usually more dynamic and autonomous and others more dependent on you know, voters, taxpayers, and so on. So, I agree that's, that's a huge problem in Global Health, but not necessarily only for a PPP."(Philanthropic organisation O) "Eritrea, the government is very strict on and also very conscientious of who and how they interact with, with the NGO field and and the external partners. Yeah, and the counter examples, I would say, would be countries like the DRC. CIV are, these are countries that I used to work with. So that those are very much donor driven. There's very much you know, the donor comes in and says, we want to do this and they do it, and then they leave, you know, there's no sustainability, there's no coordination, there's, you know, there's a lot of issues there from the governance governance aspect."(Non-profit PPP J)
Lack of coordination	Network	
A3-Evolution of updated logic and field restructuring		
Enrichment	Integrating (blending)	"And maybe the change that they're inducing on the grassroots level, and the supply chain level and the kind of healthcare structures and systems that are developing out of this. Maybe they will actually then end up influencing very, very positively and aspect of politics, domestic sovereign politics in these

		countries." (Non-profit organisation Q. Pharmaceutical company Q) " realised that basically across in new policies, we always have the same, the same problem, which is very much system related. So now we're working much more we don't even more only on health, because we work also known access to medicines, or needs driven research, on corporate capture of EU regulation, on development, a much more on the securitization of development, a privatisation of development aid and those topics. And basically, we realise more and more once you go beyond the just mobilising more resource for little topics, you basically realise that if those topics are marginalised, and if those agenda to address or to have pro performances are marginalises, because there is another agenda, which is much more corporate, which is about competitiveness of European industries, which is about much, much more and more and more growth, which obviously is not compatible in our environment. " (Philanthropic organisation W)
Conjunction	Attaching (annexing)	" So if we want to sell the idea of having more accessible and affordable research product funded by public government, we have to show something that works, we have to show that according to the model, and this is the only model that we have out there, that sort of works. Yeah, we have a lot of other ideas of alternative models, but they haven't been piloted." (Philanthropic organisation W)

		"So I think I know I think for me, it's in my mind is very clear that WHO as an intergovernmental organisation is bringing countries together and sharing best practices. That's their normative agency, a convener of power. Yeah. I don't think necessarily who needs to do everything?" (Philanthropic organisation O)
Changing relationships with network actors	Relationship modification	"So if for example, we're talking about air pollution, and NCD's, nice to have a seat, obviously, but it's definitely out of depth for them to be Leaning on that one, when we can have so many others actually gathering think tanks, academia, private sector, really gathering and really leading on that, but obviously looking at how is that connected to the bigger picture that who is helping to put together? Do you know what I mean? So I think they will continue to be relevant, and everybody is going to be irrelevant, as long as they are quite clear on what their mandate is and how they can collaborate with others, and really trying to be less protective on always being in the driving seat. And that's I think, when the problem comes. "(Philanthropic organisation O)
Rethinking global health	Field objective modification	"I think, if you think about, you know, within a framework of sort of the social determinants, how political in terms of house and commercial terms of health, I think that if you think about, from the moment you wake up until the moment you go to sleep, anything that you consume around you. It's basically a

	source of industry, the things that you wear, your clothes, your specs, the things that you eat, the AC that you turn on, the transportation that you take to work, if you take any work, the biking, all sectors and I think is really up for grabs at this point. So for example, Global Health now is working a lot with construction and architects because you realise that the way you build your house not only how it looks;how many windows it has; the colours inside the house, the air quality, it's all going to affect health outcomes. So I think that, you know, obviously you have NCD's and food industry and drinking industry and AI I mean, those are like traditional examples. If you want to go out of the mainstream, you can think about anything really. Anything from shoes from anything."(Philanthropic organisation O)
	"I was working more at the country level for different organisations, so, so, I do have some, some experience and yes, I can see that there has been a, you know, there's definitely something that is shifting and of course, they there are differences in how they approach the I suppose, how the kind of governance structures I would say, of development, how they, how they work, when there are actors, like, who don't, who are not directly linked to governance" (Non-profit PPP, M)

B-PHASES OF THE PROCESS OF LOGIC EVOLUTION		
First order categories	**Second order categories**	**Illustrative quote**
	B1- Triggering change	
New practices	Provision failure	“So say I think the UN does have a role to play, not in everything. But I think in particular, for WHO which is a technical body, if they keep their policymaking technical body and if they kind of don't go into I know for instance, they are sometimes involved in emergency sometimes not, you know, that they're not the best donors, I think, and their administrative processes are a really difficult I worked for them for a while and they you know, it's a it's a it's a nightmare, but, but I think if they can, if they can get their admin under control, and if they can become a little bit more, you know, agile and then stick to their mandate, you know, be the policy, you know, the policy, the technical kind of go to organisation. Then I think they have a great future.”(Non-profit PPP, M)
Lack of resources	Incentive to invest	"Obviously does continue with its struggles when it comes to being too big to actually manage, trying to be everywhere and nowhere at the same time. I think it still has a problems, but it will it will, I think take time to get to a place where it needs to be."(Philanthropic organisation O). "So I think everyone says, All we'd love to have WHO chose and put on X yandz age, or it might be invited to meetings, etc. But in reality, they're just not able to contribute as

much as they potentially a skill to do, because they don't have the resources for salaries, etc, to do it. And, and I think the main, the main challenges is funding." (Independent Consulting Firm K)

"pharmaceutical companies or universities wouldn't really necessarily have money to fund for example, I trained at Oxford. Yeah. And my vaccine, you know, Institute was a kind gift from the Gates Foundation." (Philanthropic Organisation U).

"So how do you design incentives and the funding structures to channel that funds, those those funds to specific researchers or specific organisations to focus on specific issues and so at the moment, that's largely driven and medical R&D by yet by a combination of things. So one, you've got significant public and philanthropic funding and which goes into medical research, often not really fully recognised, and whenever the price of a drug become set, because what often happens is you have the private sector steps in and essentially privatises the publicly funded research, takes it through later stage clinical trials and then essentially retains all of the benefit of the, of the, of the the drug from the sales of the medicine or the diagnostic or whatever." (Public Global Health Agency R)

Institutional void	"But, you know, like, the malaria vaccines, for example, would have never taken ground if the if the new resources were not there. The level of vaccines even if you think about GAVI, priority prior to GAVI entrance, you didn't really have most of the low income countries didn't really have access to or never would even have thought about having vaccines like PCV, which are quite expensive. But now you do have a lot of countries that haven't been able to introduce and scale up PCV vaccines, same thing with HPV. So it is I think, on the whole It is really does. It really did did have a very good impact on on the world of development of helping these." (Non-profit PPP J) " And sometimes investing in innovation means failure, and so that you can learn and I think foundations have done a really good job in filling that space and investing in innovations that, when working can then be funded by agencies like the Global Fund.." (Non-profit Agency, R) "And if you look at programmes from the global fund that happens is specific. It has worked from a humanitarian perspective, but from a development sustainability perspective, it's a disaster. They've created parallel structures in a lot of countries. It's donors that are funding the provision of drugs. And once a country, graduates from its low

income country status, and become middle-income countries no longer eligible for international funds, and then there is nothing in place to sustain the provision of health services." (Philanthropic organisation W)

" I think there is. I think there's a real danger. And I think this stems from the way that WHO has been funded over the last kind of, you know, 10 or 15 years, where they have were lots of country governments basically member got Member States haven't been funding it. Yeah. concert to the its needs. Yeah. And they have been ring fencing their contributions to specific projects that they have particularly interested. Yeah, making it much more difficult for the who to do this job effectively. You know, , in part creates the power vacuum, and, you know, the funding, but given the power vacuum, that allows, you know, entity that the Gates Foundation to step in and have a disproportionate influence over the organisation. So I think that's a real challenge, like, certainly the the industry has, who has got a chance and got a challenge around its capacity to deliver things. And but having said that, is still like a really critical organisation. It is, you know, one of the few that has got." (Public Global Health Agency R)

Interacting on the global level	Acquiring legitimacy on the international level	"So the Global Fund, I think it's very similar from GAVI, they don't have a presence for the presence in country, they work through Alliance members. So you know, their programmes were a lot less unified. And the vision was a lot less clear on the ground, okay. than PEPFAR'S programming was very, very centred on, you know, whatever, Washington DC wanted to get out of those programmes, and it was very unified across the board through all the countries, with Global Fund a lot more disparate. It was a lot more. It was more picking a small initiatives everywhere, which did not seem to have a unified vision. That's what it seemed to me at the time, you know, when I was working on the ground? Yeah, so and also their projects, you know, they're monitoring evaluation was a lot. at the country level, I mean, obviously, as far as, you know, PEPFAR, you know, how far has facility level data that they collected for each facility, they knew how many people were getting treatment in each of the facilities and you how many people was were getting prevention activities and things like that. Because they also had a presence in country, their their partners, also have, you know, are very connected with the country offices in country, whereas the Global Fund didn't have that level of detail in there."(US Government Agency, J)

		B2- Reconstruction of legitimised identity
Use of data and knowledge to theorise	Legitimising identity	"You know, people do different things different. Yeah. The Gates foundation of the return on investment? Yeah. You know, it's really publication. Yes. Yes. So where people will see our return on investment is going to be x, x percentage of your profits? No doubt. Yeah, the biggest foundation doesn't do that. You know, even though they have some kind of strategic investments. where, you know, is more or less like for profit? Yeah. Oftentimes, you know, your return on investment is really publication. Okay. So that people will know, you know, the benefits of that research, you know, and is publicly available." (Non-profit Organisation U) "So a lot of them have data managers in the fields and they and they outsource Data Manager. So we have sometimes a lot of good quality data because again, data for them is very important, because they want to use this data for you know, communicating and for for, you know the PR purposes, so they need to have the data " (Non-profit International Agency A)

	"We have our own communications team here. And obviously, again, I think that speaks to the previous point we were discussing and how it does seem that from your words, certain organisations are becoming more dominant, I would call them relevant. Yeah. Because for example, in what we do, Hear in supporting research, one of the big priorities we have is to make sure that we communicate that research properly, the things that we're funding, the outcomes of research, so that not only that is used to change policy and practice, but actually it's engaging. The person was just passing by the street. Do you know what I mean? So I think it's really, really important not only from a reputational perspective, but also to break down our mission and vision into things that people actually find useful and things that are actually going to benefit their lives. So it's extremely important. A lot of the companies I know and other foundations do that sort of model. They outsource that service. We have an in house service, but I think it's extremely important, especially in the 21st century."(Philanthropic organisation O)
Communicating new practices to the field	"they need to definitely make a lot of noise about what they're doing. Because, one, it's amazing. And secondly, is inspiring. Yeah. Thirdly, it's so impactful. You know, it's going to really show which shows a totally different engagement with people and these issues. And if they don't talk about it,

		somebody else will talk about it in a very negative way."(Pharmaceutical company Q) "It's, it's paramount. And it's the reason that we release our results report every year. And that is driven primarily by the evidence from our investments and not and we've moved well beyond sort of output, and outcome based results recording, and really now moving much more solidly into reductions in mortality, and impacts love, full recording of results. In fact, we are releasing our next results report in, I think, next month, if I'm not mistaken. And we go through our replenishment cycle, which is when our donors replenish our funding for the next three year period, is this year. And so in the year of a replenishment conference, there's always a bigger push than in the off years in terms of recording of results." (Non-profit PPP, R) "Our strategy in the past, in at least in the past four or five years has been placing the countries that we're investing in and their successes at the centre of our communications about our results." (Non-profit Agency, R)
Legitimising the new functions	Legitimising identity within the field	"For example, Gates being one of them, who come from, you know, corporate experience, which is about fundamentally driven by, you know, developing clear strategies. Tackling specific issues. And, and essentially that thinking brought into into the private

		foundation as well attend to use that kind of positioning strategy thinking where you know, the position themselves in a certain address certain issues. So Clinton Foundation, for example, is largely around vaccinations. Mission specific." (Non- profit organisation V) "But there is a constant fight to increase the legit and increase the legitimacy and increase the voice of the private sector within all of those multilateral organisations. And yet, that's in the, in the governance architecture of the Global Fund. It's also across GAVI and the other kind of global health multinationals." (Public Global Health Agency R)
	B3-*Creation of innovative relational networks*	
		So the largest donors DFID, followed by the Gates Foundation? Yep. So, so DFID being a traditional donor. And the Gates Foundation being a non traditional donor. So it's kind of a, it's got a very diverse set of funding and and model.So yeah, and in terms of those, and and then the, in terms of implementing partners, you have like, the who, and and, and other extended partners? (Non-profit PPP J)
Gap between old and new models	Tangible differentiation of the emerging and exisiting models	"And I think one thing to share is even at a department level, I have been surprised that the high degree that is financed by institutions such as Gates, which and often that the

whatever it's been financed, has been earmarked. Yeah. And what I don't know is the extent to which Gates funds what who wants to be funded anyway, or whether it has to be some sort of bending to make it fit with what Gates is willing to fund. But I think that is a real challenge for who just being quite hamstrung by the funding sources as to what they can focus on." (Independent Consulting Firm K)

"So our Well, the way our board structure work, we are a partnership model. So the Global Fund was founded in 2002. Basically, because all of the world's richer countries were funding most of their aids programmes bilaterally through their own sort of bilateral partners, and the Global Fund was founded to bring together all of these different funding sources into one central pot for these three communicable diseases. So our has a donor block and an implementing block. And the donor block is made up of most of the donor countries to the global funds, but also including developed country, NGO, has a board seat, private sector has a board see private foundations have a board seat. And then there's an implementing block, and they are equal voting blocks in the implementing block is made up of the primarily recipient countries. And they also have their own developing NGO block. So that's sort of the partnership model who you and AIDS, rollback malaria Stop TB, each of the

	multilateral global partnerships also have non voting board seats on our board." (Non-profit Agency, R)
Enabling visible changes through new models	"They have a foundation based in London, Staying Alive Foundation And what they actually do is, what is their video production and stars and all this kind of stuff, to go out into Africa to go to Nigeria and African countries and they created a soap opera called MTV sugar,they they had this all like local actors, all local production, facilities, everything. It's like a soap opera setting a high school lived experience, you know, girls, boys in a whatever. It's like, the drama element through, that's the basic, their core was really clever about it. The entire foundation is aimed at stopping mother to child HIV transmission. Right. So they put into this script healthcare messaging that they develop on site in the country's just not descriptive approaches at a very much a, let's get together with the locals what's you know, affecting them, they put that together, it will extend so well, that the World Bank, they put a report independent report out on it two years ago for the DIMES report. And that was a serious measurement. evaluation of the impact of this show may have reduced transmission rates of HIV in

		years, it's shown increased safe sex practices." (Non-profit organisation Q)
Endorsing new roles through the models	Strengthening legitimised identity in network	“And this is this is so pervasive, for example, but you know, a lot of these recipients of funding, whether it's universities or charities that will have processes in place in house, how to make sure that maintain that relationship with its donors. So for example, when I was with Save the Children, you know, it was a particular department that was a primary beneficial piece of Gates money. And they had to have the right people who could maintain the relationship they had to have the right process. Yeah. cetera. In the same goes for university. I mentioned to you about lots of interesting earlier, I had some engagement with Oxford university last year, and some of the things you know, they, there was a group of people who run it to approach the Gates through university. Existing channels, and those people who maintain the relationship with Gates, in that they were really receiving funding, they said, No, no, no, you know, there's a whole process around how it works.” (Historic Academic Institution V)
Legitimation of new roles		"There is some level of scepticism in terms of, you know, Gates funds. I mean, you know, not not mega, but they're starting, you know, and other countries are also asking why is a foundation having so much influence on on

	programming and things I got. So, there is some little pushback that is coming up. So that says there may be so there and I think the Gates Foundation also understands that, and that's why they are, I think investing in a lot of organisations like GAVI and the Global Fund, and even who actually they're very involved in WHO as well"(Non-profit PPP J) "So that's, how does they started gaining legitimacy? Yeah, in addition to that,the sort of working with governments,you know, international partners, who,you know, the World Bank, you know, they started making donations to those organisations, for example, Gates, also the single largest donor to WHO they contribute significantly to the World Bank. Those guys, you know, oftentimes don't have money to do projects." (Non-profit Organisation U)
	"if I take Nigeria, for example, the Gates Foundation, who was a huge donor to the global phone at the global level, but they don't, they don't invest a lot of their money at country level in individual HIV, TB or malaria programmes, because they give their money to the Global Fund for those purposes. So they have, I would say, a little bit more limited engagement at country level." (Non-profit PPP R)
Trust on the new relational networks	"Yes, often, organisations will have to develop their own frameworks in house, they

		may have to convene what are called working groups. So they'll bring technical experts in a number of different stakeholders within the field to provide their own experience and examples. So they're also develop frameworks in house and then present them at kind of a forum where international stakeholders, particularly technical experts, are provided the opportunity to give feedback. And then that feedback is often taken into account towards the final version of whatever that strategy document may be." (Historic academic Research institution F)
	B4-Restructuring control mechanism	
Decentralisation of responsibilities	Reconfiguration of responsibilities	"Well, I think it is, to certain extent personalities, okay. posts, so to say in an organisation and how much they feel that they can, they have the authority to, to sort of, they need to control or they they are authorised To come back a bit. I think it's also with time that Gabi has to show that, you know, it's doing its thing and it's working. So, so while they're doing that, you don't have to be as involved in everything. "(Non-profit PPP, M) "but a priority setting and talking about it sort of deciding on which services are going to be provided, which services are going to be subsidised. And then, and then there's a whole flurry of, you know, stages that come after that, and it's cyclical, like I was saying, it's not really a linear process, not saying one comes

	before the other. But, you know, usually you decide on what services are going to be provided, and at the same time, you're considering how it will be financed, you know, how much of it will be subsidised? If it will be subsidised? And how will you pull that money? You know, where does provide the industry come in, etc. So, how's it going to be implemented? comes back down to the things you're going to say know what vaccine you can use? If Okay, if we are using that vaccine, do we have the capacity to maybe develop it ourselves? I mean, most of the country, we work in our low income, middle income countries, so generic drugs, maybe that kind of groundbreaking, or pharmaceutical innovation is more reserved to, you know, the US Japan." (Academic Research Institution B)
Promoting independent decision making	"I mean, depending on what finish you're talking about, sometimes you are accountable to the governor's that leaving, founder of the organisation but the majority of times, we can work on a list of priorities that we defined based on our own vision and we can align that and we can very quickly activate, you know, resources, both financial and intellectual resources, but we can make that happen very quickly without the bureaucracy that you see for example, in many multinational organisations, or a foreign countries right Country governments. So I think it's more that you can see a lot of interesting things because we have the sort of freedom to look at, okay,

	what are the men within the mess things that we could do? Or are the key things that we think there is a big gap? Where is it that we can compliment others to kind of see it sort of like that kind of presents way more that you would you would see in the past and obviously, there's a lot more information nowadays than there was in the past."(Philanthropic organisation O) "I've worked for drugs for neglected diseases initiative, which is, let's say a non-governmental PPP like a product development partnership that still has, let's say, among the PPP is some sort of, I would say, Yeah, like neutrality or independence, because it has a broader let's say, scope of donors and foundations and people giving money to it. But still, like I've seen, even there, where the guidelines are so obvious, so so explicit, in terms of we focus on this diseases because this disease is received from They carry a high burden in developing countries, there is no research and development for these, this kind of medical conditions." (Non-profit Research Institution A)
Creating incentives for increased responsiblities	"For example, in Nigeria, the Minister of Health is the chair of their country coordinating mechanism, the donor countries are represented at the moment by the US government. On the CCM, UNAID and WHO are also members of the CCM and that body is who makes all the decisions on the global fund investments for Nigeria. So when they

		submit a request for funding to us, every three years, it is that body that submits the requests to so an individual agency or person cannot apply for funding to the Global Fund, it has to be a country request." (Non-profit Agency, R)
Connection between decision making models and new network	Supporting identities,legitimacy and network through control mechanisms	"So in Ethiopia, the government has taken a very strong and they have taken a strong, the Minister of Health has to I think in a strong position whereby they want the money to be mostly used through the ministry or through the state ministries, because it's a decentralised process. So some of that money goes to the, to the ministry, to the set of decentralise ministry, ministries by by region,but they have to hire technical assistance and technical assistance is really American NGOs that have a presence in countries and that provide technical system to the Ministries." (US Government Agency, J) "And that can be strategic reviews, or they can be programmatic reviews? So I guess examples might be for UNITAID, where they might ask us to do a review of one of the midterm on interim review of one of their projects. And generally we apply the OECD debt criteria as looking at relevance or efficiency and effectiveness or sustainability or the results. That theories, that's just one example, but I think it really does depend on what specific evaluation is required.And we have also done a prospective evaluation" (Independent Consulting Firm K).

	"I'd also say that you've seen in the WHO, lots of examples of the private sector utilising the influence of the of, I would argue, like some kind of captured institutions and governments. So the US government, for example, the European Union, often very, very closely aligned their talking points with those of the pharmaceutical industry, as one example, will you have seen the, the use by the USTR, so the US trades representatives, body, USTR of the 301 watch list, where they try to pressure developing in particular country governments, but also increasingly other Western governments who are trying to take action to address a drug races, either through price control mechanisms, or through exploration of reform of the RD model? Or exploring the use of trips flexibility?" (Public Global Health Agency R)
Strengthening identity through control mechanisms	"So Gates Foundation has its so broad strategic objectives. And if you're the charities or another agencies that have to try to build a private company, if the interests align with the Gates interests, then more likely than not, if you put a good proposal, you will get the money. So in that respect, again, you know, because it Gates has its own of strategy. People who get the money need to align with a strategy." (Non- profit organisation V) "And then Gates has a much more, I would say, a very close collaborative process in the

sense that they're really involved on our day to day activities. So they know exactly what we're doing exactly what we're doing things. It's a very close and very intricate process. So yes, it's and so you, you're basically, it's much more disparate? And, you know, it can be somewhat, at some, at some level, it can be also contradictory,sometimes." (Non-profit PPP J)

"I mean, it's not private foundations, the only one that is considering really putting money into organisations like that is Gates. And that's the only significant player at the moment. And so they set up all these they work with who closely but they set up separate organisations like ROLL BACK MALARIA and stop Tb etc, that they are happy to put money into, and then they sit on the board, and they can exercise greater control over what the organisations do and how they use their money." (UK Government Agency Z)

"And one of our requests requirements of countries to access Global Fund funding is to set up at the country level, a country level mechanism that mirrors our board mechanism. So countries have what are called country coordinating mechanisms, we call them CCM is for sure. And please Are these basically mirrors the membership of our board, but at a local country level and

		chairmanship changes by country. " (Non-profit Agency, R)
	B5- Evidence of new practices	
New roles through new practices	Transmission of practices	"So it means that they have to partner with academia to produce the research, they have to partner with foundations to support programmes have to partner with private sector, but at the same time, I agree, it would become too much for WHO to actually manage all of it. And it's not that they're not relevant. They are relevant, but they don't necessarily to drive this. They don't need to be on the driving seat in every single scene that is health related. "(Philanthropic organisation O) " An increasing focus on non communicable diseases and less of a focus on communicable diseases. I think it's also going to be an increasing focus on aspects that specifically relate to the sustainable sustainability development goals. Example of that might be, for example, an institution such as the Global Fund, which is set up for HIV, TB, and Malaria is closely linked to the NDG's, but increasingly, they're going to have to prove how they also linked to universal health coverage, strengthening is going to be much

		bigger focus towards those broader ideals and ideals with border and goals." (Independent Consulting Firm K)
		"they don't receive an enormous amount of money, like, let's be honest. So they they produce a lot of policy guidance. And they are, you know, they are collaborating with the World Bank, which has far more clout in terms of policy implementation and translation. And actually, kind of having some say in, in, in how money spent, but WHO I cannot see having that power. Yeah. They don't provide grants to countries they don't you know, they're there for four assists. And they do have a country office in every single country." (Academic Research Institution B)
Promulgating experts identity	Redefining the limits of professions	"Well, I worked with them, you know, as a fellow, in addition to that, based on my experience, you know, working in a field of vaccines in Africa, and also did a PhD. You know, also working on vaccines." (Non- profit Global Health Organisation U)
Peer legitimation		"I mean, at least in the capital settings, they have poured a lot of resources in these settings. And they have created jobs and things like that within those settings. So people do have a fair understanding. In capital settings, again, I'm caveating and would have a better understanding of what these people do, essentially, you know, whether it's Gates or, you know, the big ones, I'm talking about

		Gates and PEPFAR. So again, it's within, it's the siloed thing"(US Government Agency, J)
Practice differentiation	Link of new practices to new network	"I mean, it's changing as in like, you know, with the new leadership, they're implementing quite a bit of changes. So, I mean, it's a good space to watch just because. And they also and they're adopting, you know, like fundraising methods that are very similar to what GAVI and the Global Fund have done in the past. Yes. So it is, it's a, it's a good space to watch, just to see how successful they will be." (Non-profit PPP J)
Reflection of new approach in practices		"Cola life was a design engineer , Simon Ferry. And what he did was he you know, you have a palette of six bottles of coke or 12 bottles of coke in a distribution hub, you know, you have a point of wouldn't Allah and it's got plastic all over it, and they send it out to the villages, right? He looked, he took a CAD CAM design approach and looked at the space between the bottles at the plastic insert, and the shape of it with the shape that's between the bottles and create the plastic kind of thing. In one part of it that anti diarrheal tablets, one's a mosquito net, one has a clean water tablets that I kind of think, well, they were the deal was done with them, " (Non-profit organisation Q). " So an example that I can give you as illustrations be the cholera vaccine that is provided. So gates supported the rollout of that, of which there is there is a role for it.

And that it's not, it doesn't solve all the problems. And obviously, the much bigger issue is water and sanitation more broadly. And that is something that very few donors want to support. Because it's complicated. It's a long term, it requires multi sectoral engagement. And it's a health issue is the consequence. But the sectors that are required to introduce it in the water sector, or the planning sector depends on on which country. And so I think that was a situation where, within relatively limited resources for cholera, a lot of focus, being on a vaccine, whereas actually, if you really wanted to, to cure cholea , we should be addressing the larger water and sanitation issues. But you can see why gates, which is more about innovation, etc. But we're working to fund that." (Independent Consulting Firm K)

"And I think that is also very much the issue with donors, because donors, we fund you to work on very specific things with very specific guideline, and people just, it's the same with science and academics, right? People working in very, very specific fields. And they produce very interesting technical material. But But basically, they missed the point. Because if they don't look at the interaction of this with that, and that, " (Philanthropic organisation W)

C- CONTEXTUAL FACTORS AFFECTING LOGIC EVOLUTION

First order categories	Second order categories	Illustrative quote
	C1- Ability to crystallise change	
Cooperation and coordination	Efficiency of decision-making model	" So in terms of the structure itself, GAVI is interesting. So you know, I'm at the Secretariat and as a sectarian, but it is an alliance of Alliance members include WHO UNICEF, CDC and and others, partners. So they're part of the GAVI Alliance, essentially. So the role of the sector is to coordinate these Alliance members. So when we work in countries, for example, so where we invest in vaccines, this is done through the alliance members, and other partners." (Non-profit PPPJ). "I think that's another challenge. Again, some of them have very specific agendas and very specific objectives. And oftentimes, if they are not 100% aligned with other organisations, objectives, they will separate you they will work separately. " (Non-profit Research Institution A)
Dynamic approach		"Artificial Intelligence is another example. It's very difficult to look at, for example, any kind of big investments in Artificial Intelligence Amr if you don't really have the private sector investing of that, but also being sort of led by a public health agenda, if that makes sense.(Philanthropic organisation O) But at the same time you have these different actors such as foundations and has different lines of accountability, different missions and visions,

	and they're usually way more dynamic and they can move so much more quickly and flexibly than other actors can,.."(Philanthropic organisation O). " And I think they really want to say like, we have best people with a corporate background, to make sure we have a corporate approach to a public health problem" (Non-profit Research Institution A Non-profit International Agency A)
Ideological drivers	"So we know that anything that we are going to be interested in is with the basis of supporting great ideas to thrive through research. If you go to Rockefeller, some of the programmes they do have similar interests. Others are more programmatic if you go to gain so much more programmatic than necessarily research focused. So I think, I think it's, it's, it's a question of, of how much all of our contributions have been contributing to a bigger, a bigger agenda" (Philanthropic organisation O). "I think one of WHO's has problems is that they, they're kind of invited by the country, so they can't be too critical. You know, you can't say to us, you cannot do that, because, you know, the country will say, well, you go home then. And then they want they asked for another WR, you know, the representative. And I think that sort of relationship, which is normally quite between the WHO

representative and the, and the country, the Minister of Health. "(Non-profit PPP, M)

" I think they're also very pragmatic. I think they're definitely ideology ideologically oriented. But this is, I mean, most foundations in the US, I mean, in the US, or the political spectrum is, I mean, I don't know, Democrats is definitely not the equivalent of the left in Europe, the democrat is much more like the right here or most than the Republican. So that the the ideological director directions in the US is also very different from from here. So definitely the work of foundation. And it's the same for the open society Foundation, which, which is very ideologically oriented, but in a very interesting way, and much, much more progressive. So that is definitely something to that that can be an easily also with the project that Gates is funding in geo engineering and GMOs in education. I mean, it's very obvious that there is an ideological tribe. I mean, I guess everyone has their own ideological visions. So that's fine. Yeah, so that is definitely but but the thing is that what they're funding us in doing it has shouldn't have if, if we just do what they're asking us to do, should have anything to do with ideology. " (Philanthropic organisation W).

" Targeting diseases that primarily they wouldn't be targeting. And I think that the rigidity, as you say, where is it in their, in

	their approaches because of that, just because they you know, they probably have a big board of people with a lot of knowledge, on, on, on on global health issues, but also a lot of pressure by, you know, shareholders and the public, also to the public is starving for big, big story, you know, eradication story of an elimination storey. And I think that's also something that drives a lot of the, of the force behind that, you know, so if we, if we want to be that big in that scenario in that role, I think we should put all of our efforts into that. And the problem is that again, it's fine if this happens, that I think the big issue for me here is the fact that this might cause this this lack of balance," (Non-profit Research Institution A)
Entrepreneurial attitude	"And in that we have people that do modular photovoltaics, their engineers looking to, you know, if you're going to clean water pump in rural Africa, there's no distributed electricity going to it, it's got you've got to have its own power source. And so they look to make partnerships in this. " (Pharmaceutical company Q)
Conservative attitude	"They do have less flexibility than the other than then the new type of organisations and GAVI and things like that. Because they are, you know, part of the UN system they do, they can't just, you know, they, they they have big, you know, they have staff that have been there for a long time. So, it's a much more traditional organisation. And it's going to require it and it doesn't have as much

	flexibility to move around. And of course, the big thing is, you know, they have country members, they have to agree on everything, right. Yes. Yes. So, which is not necessarily the case with things like, GAVI."(Non-profit PPP J)
Monitoring	"Yes, it's mostly like your mission indicators, like how many children have been immunised with Gabby support? What is the impact in terms of deaths subverted in terms of strategies? Like in the future? What would be the most impactful? If? What space? Would we be more impactful? and things like that, basically? "(Non-profit PPP J) " in terms of we, you know, because it's important for us to have independent assessors, essentially. So I mean, a lot of it's done through external partners and Alliance members. So higher, like research centres, and and, yeah, and monitors also. So in terms of looking backwards, we look at, you know, impact evaluations, that kind of stuff. Independently assessed, as well as looking at the future." (US Government Agency, J) "For us, it's actually limited to the Ministry of Health, who then go to minister of finance, etc. But for, you know, you kind of everyone gets together tries to understand what the problem is, and how best to allocate those resources. And where we come in is, we essentially provide an analysis. So it's kind of

		modelling analysis with a number of scenarios of IK, what are you considering? What do you value is it health maximisation protection is that whatever. So you kind of establish criteria that are nationally that are a national priority. Ministry of Health is usually going to be about health maximisation, right? So sometimes you get an equity and not the criteria as well. And based on that, you run an analysis and you go kind of, okay, is your first scenario where you propose this second scenario? " (Academic Research Institution B)
Dynamic change	Rate of change	
Slow change		Sometimes when those expectations are not met, I think at some point you find some frustrations, because what sometimes there is a great idea of having public and private collaborating. If you don't see then all the changes happening in the surroundings and environment, for example, where these pdbs are supposed to be benefiting, for example, in some low middle income countries. I think there there is some risk of actually questioning the the sort of long term sustainability of this partnerships. (Philanthropic organisation O)
Rapid implementation		So for example, the private sector Thing tends to be way more quick and reactive and dynamic. (Philanthropic organisation O)

Slow implementation	"Whereas the public sector tend to be a little bit more slow and a little bit more like you have to move things very slowly." (Philanthropic organisation O) "The World Health Assembly, which is made up of ministers of health? Yeah, from every country in the world. And then they and that makes decisions at the global level. And then they have all these regional organisations as well, which have their own independent governance structures. Okay. And I think it's very difficult, because they have separate governance structures. It's difficult. It doesn't operate like UNICEF or UNDP, which has much more authority over it's not they're more of a kind of vertical programme structure, where whatever the centre says that the region's kind of have to do it. But WHO doesn't operate like that at all" (Historic Academic Institution, Z) "I think that private foundations rightly or rather suspicious of who has ability to ever get anything done. And say that one of the reasons they set up all these independent initiatives is to get around the Who?" (UK Government Agency Z)

	C2- Degree of trust in accepting alternate perspectives	
		"And I think, the same way you could talk about Gates Foundation, we talk about Rockefeller, about, you know, many other foundations and I think, you know, all of those have their own internal priority setting and really good idea of what their remit and mandate is, for example, if you're talking about Welcome, our specific approach is improving health through research."(Philanthropic organisation O) "I think there's a there's been a strong technical oversight and independent technical review mechanism at the global fund that has, has tried to ensure that there's a balance between sort of evidence based interventions they're invested in by the Global Fund with it, those are really determined by local country contacts. " (Non-profit PPP R) "But it's true that the PPP have not been super cooperative, because it's not, it's not in their mandate to do policy and advocacy on Yeah, they're very interested in doing politician advocacy, to get more funds from the EU to do their work. But not to ultimately change EU policies so that they are more conditionality to getting public funding, which is our interest to getting public funding, we would like to you, for instance, to make
Creation of monitoring guidelines	Ability to accept different viewpoints	

	sure that whenever someone applies for funds, that there is an access plan that they have to fill in that they have to, and that is a criteria of how the money should be allocated. And then there is also monitoring and evaluation, you have to show like, what would be the impact? They make this product accessible, etc?" (Philanthropic organisation W)
Alternate perspectives	"an example is one donor a piece of work for which was selling, so that they were introducing a commodity, which would be really well placed to be supplied from private pharmacies in developing countries. But because the donor just always worked with the Ministry of Health, work through the health, clinics, etc, that it just wasn't presented as an option to even discuss it with, with pharmacies, who actually, I think we're better placed." (Independent Consulting Firm K). "Yeah, so I think the primary reason is always under political influence, okay. And overstepping boundaries, so pushing. So, you know, the Gates Foundation funds Non-profit PPP, Mlliance, different countries have different perceptions about the utility and cost effectiveness of vaccines. Some countries don't believe in vaccination, even though we have a policy and evidence level vaccinations are the most cost effective and highly clinically effective intervention you can give in a health system. So there have been seem to

	be instances where international organisations are pushing vaccines on countries through GAVI, including Gates Foundation, as well as others, and that local countries have really pushed back because they felt that their population was was having vaccines or drugs pushed upon them by international organisations. So really, that kind of under political influence from an international organisation on a local country population is where the difficulty lies." (UK Government Agency F)
Convergence to a different model	"And I've been also a part of different organisations. So at some point, I was representing academia. And another point I was representing medical doctors and health professionals in the field, then went on to do international organisations and now my donors perspective."(Philanthropic organisation O) "Yes, so the the way it works is your seat on the board is more or less determined, in some sense by what kind of donor you are. So the US government, for example, is our biggest donor, and they have their own board seat. The UK is similar they have they are the second or third biggest donor, depending on the foreign exchange rate at the time. And they also have their own seat. The private foundations has a board seat. And then within that constituency, they determine who their representative is. But our biggest private

		foundation donor is by far the Gates Foundation." (Non-profit Agency, R)
Ability to link theorisation to new practices	Alignment between discourse and practices	"So GATES has spent a lot of money to the Institute for Health metrics. Okay. Yeah. And for in vaccination to try to get some national data. Yeah. Which principles, great. But the approach that IHME has taken is really just trying to, it's very removed from it's, it's based on surveys that were done, you know, years ago, on DHS surveys were done, you know, like, at a very disparate intervals. And the US, basically, the use a lot of, you know, regression methods to get to once a one metre by one metre type of coverage questions. But if you really delve into that, and you think about what's happening on the ground, it's very, very far from that." (Non-profit PPP J) "I think some of some of the objectives are very clear, but at the same time, I think we also have to, to, to keep in mind that they are also driven by a lot of media and communication and publicist.And I don't want to say that this is the driving force behind it. But of course, they would like to work on something that they can, you know, publicise widely and broadly, if something happens, you know, so it's much more interesting to, I don't know, to focus on something that will give a big return in terms of attention, media attention, that's something that's, you know.." (Non-profit Research Institution A)

	"Yeah, in terms of them impacting priority setting, I wouldn't say so. They're not they're not policy makers, you know, yeah, they're not policy makers are not policy focused institutions, they're more around generating evidence, they can actually feed into policy processes and kind of better ones rather than ad hoc decision making" (Academic Research Institution B).
	"Yeah, that's more or less my role. Yet, though. I acted as advisors, I forget the number of their programmes. And I do the same with WHO done some work with the World Bank. So generally, what happens is that these organisations look for technical expertise in a given area, whether that be from a strategic perspective. So health systems strengthening and innovation programmes can be gathered to work together to support those aims, or whether it's specifically a given area like improving value for money or control of non communicable disease. So often, I mean, what again, what specifically, do you want to know?" (UK Government Agency F).
Facilitation in engaging into new roles	"So I was reading once about Bolivia, so we'll leave has a very small HIV prevalence very small, but then it has a lot of child as and other diseases that are very prevalent. But if you look at the funding for each one of this condition, so HIV receives like 10 to 15 times more funding, then chagas disease or any

		other disease like more emerging viral diseases, etc. Because, you know, the problem with there's very poor data sharing because there's very good data collection. So I think that if there is one main thing that needs to be addressed to make the Global Health" (Non-profit Research Institution A)
	C3- Legitimacy of theorisers	
History of institutions	Societal status	"So yeah, they're involved in in policy change, but the policy change that interest them, they are very good at policy analysis, they have very good contacts at the highest level. So they're very influential in terms of sometimes we wonder why they fund this, because when bill comes in town or someone else that it's very easy for them to, you know, they put new funds into a new fund, and then the commission matches the funds. And it's they can change things, not very much in the sense that I would like things to be changed, but they can. They're quite, they're quite powerful. And that has pissed off quite a lot of members of parliament when they started doing memorandum of understanding with here with the director general for research. And yeah, the weight that they have in in certain institution definitely is. But I mean, this is also because of the legislature that we have now on the political system we have in place in the EU, which is very much on the right, which is very much pro growth, pro competition, pro neoliberal economic models

		of developments." (Philanthropic organisation W)
Socialisation platform	Recognition and prominence	"we put a science communication festival via the Wellcome Trust every year, when the fourth year of it at this year's one, just now, we get a lot of awards in that as well. And I always get the impression that for a while, it has been peer to peer. Okay. Yeah. And maybe that's because of the stakeholders involved. That's what I think they're starting to reach out now that we've seen a turning in that over the last four years of this festival that we've run. It's starting to turn outside of that, what do you think, and I think this is, this is also part of the realisation process, and that they are this, the, the communication that they do, can actually bring in civic society, you know, different actors image. " (Non-profit organisation Q) " I think was two years ago was in Geneva for a big meeting, I worked a lot of neglected tropical diseases. So, this meeting was the entity forum was a big big meeting and the you know, that there is this there was this London Declaration on on neglected diseases was signed in 2012. And basically it was driven by Gates and you know, the Gates Foundation brought together a lot of institutions, primarily private institutions, private, big farmers, and, and, and some NGOs and some some other smaller private

	foundations that were they were working on, on on neglected diseases and they made basically they built this roadmap with very ambitious goals" (Non-profit International Agency A)
Personalities	"So, because of his clout of his high profile, he's able to use that to leverage to influence policymakers to give them a money to specific cause, as opposed to another. All right. Okay. So again, there's an element of, you know, one person's agenda or one agencies agenda, to move funding towards that?" (Historic Academic Institution V). "And then the CEO is also this woman who was very successful in registering and bringing to the market, I think biological drugs for cancer. Sue Desmond, and she was very successful. You know, being the medical director of I think it's Genetech, the company, and, you know, highly successful, very ambitious, and, again, with a lot of legitimacy by the opinion majors, yeah. And have that beyond the beneficiaries, as also this is, you know, have that, that difference between the, and I think that they might also invest in, in the communications for the potential beneficiaries, but also for it for the opinion makers, like key opinion leaders in the world and people who will be looking at those kind of legitimacy and say, okay, who do I trust? You know, when when somebody said, I trust this guy who comes from a big industry with

	with a track record of something, I would not necessarily trust someone with a public health background, because he can't communicate properly with the wider audience. So I think that's that's an interesting". (Non-profit Research Institution A)
Leadership	"And I think they're I think there was an interesting period when the Margaret Chan, that the previous eg finish her term and Dr. Tedros started, and I think there was a period where no one really knew what was going to happen. I think Dr. Tedros says, you know, leadership has been quite interesting to to, to witness, I think he's taking who to the next to the next stage. "(Philanthropic organisation O) "And I really appreciate that Dr. Tedros in his office is really looking at a strategy and the global programme of work that is actually quite strategic and clear, looking at the 3 billion target, looking at prioritising certain areas for the next five to 10 years. And I think that's the way to go, sort of providing really strong leadership, a lot of charisma to make sure that countries and partners come together and are able to sing to at least play different songs, but really being mastered by the same agenda, I think has been quite successful with that." (Philanthropic organisation O) "I think Gates has shown extraordinary leadership, really, in the global health field. I know, I know that he's been critiqued in other

fields, but I think it's amazing what he's done. I don't think he's an easy, day to day kind of management type leader. I think he's struggles. You know, sort of internal management, I think he's quite a tricky question on a personal basis. But I think he's shown extraordinary leadership. And it may be that it takes people that are more tricky to sort of put their head above the parapet and do that kind of thing." (Historic Academic Institution, Z).

" I think they've been able to, I think they can do things that sometimes multilateral organisations that are governed by member states are restricted to do okay. You know, Gates Foundation has been really key, and I go back to Gates, so often, because there's such a big partner, and they, you know, they are such a massive foundation. But they've really been able to invest in innovations that are harder for other institutions to invest in with public money" (Non-profit PPP R).

" FENSA, which is basically designed to kind of manage conflict of interest, okay, we say, yeah, within and approaches to how the private actor is engaged, was one important piece of work, which was done at the global health level, to try and determine how and when these private entities should engage with and how they should engage with WHO processes again, worryingly that looks like it

	could be being reinterpreted at the moment by Tedros the new leadership at WHO " (Public Global Health Agency R)
Legitimation link to academia	"And then you have universities, you know, so who also tried to capitalise on this? I mean, if you looked at the what the university stock public health school store 1520 years ago, you wouldn't see global health so much on that agenda with exceptional, maybe look, you know, Liverpool University, Leeds University, or Howard University, Johns Hopkins. Now, almost every university will teach something along the lines of global health(Non- profit organisation V. Historic Academic Institution V).I think was last year, about a year ago at Oxford University, and possibly rest along receive, you know, millions and millions of Gates money to do research "(Non- profit organisation V) "a lot of the money I mean, you know, not to be, you know, at least 50% goes back to, you know, whoever is no, yeah, yeah, the US entity essential. Yeah. Yeah. So that's, that's part of it. In other countries, I used to work on CIV are quite a bit. And they basically the money goes directly to us based NGO, the US based NGO sets up in CIV, and they run the

		programmes from there. So again, a lot of the money goes back to us NGOs, you know, things like ICAP, which is a Columbia University. They also have quite a bit of what is that one from John Hopkins has also an offshoot organisation that has a presence there. So a lot of the money goes back to them. And they, they administer the programmes."(US Government Agency, J) "So normally its a government is considering to change up its strategic priorities, they might get in touch with the development agencies such as, you know, the World Bank, and the World Bank, then commissions, essentially, consultants or partner organisations, which tend to be universities, okay. And then they'll say, look, you know, there's, there's this kind of policy process going on in the country, and they're looking for some evidence to inform what it is that they'll end up going for. Okay. Whether that, you know, the role of us at this sort of universities and at producing and analysis, there is no policy engagement, that's more policy engagement." (Academic Research Institution B)
	C4- Field Nexus Identification	
Mission synchronicity	Density of like-minded ideologues	

	"So, you see also a lot of people joining organisations who you didn't see in the past before who are private foundations, you know, doctors doing working in, in, in organisations like welcome like myself, I even see potential in the past or I think that creates sort of a, an interest in in in organisations like welcome gates that I think that was not there before."(Philanthropic organisation O)
	"What the critique of the gates approach is that they are quite embedded with the private sector approach. They like the kind of private sector business model, yep, they will always play in play the game on international, international intellectual property rules, etc, etc. So some people would argue that they are too embedded with the, with pharmaceutical companies. I think that the Gates Foundation would argue that they are using the capacity and the skills of the pharmaceutical industry. And they prefer because of their own heritage within the private sector, to play by those game play by those rules." (UK Government Agency Z).
Participation of practitioners	"But what we've started doing realised, okay, if research is not needs driven, because the research budget, which is a massive budget in EU is under a budget heading called Jobs Broken Competitiveness. So basically, research and innovation is seen as a way to put closer together academics and research

		tuition so that it can really do a lot of research and spur innovation that then can help the private sector grow and create jobs, and can ultimately maybe wants to trickle down the line benefit citizens with innovative technologies that we can use." (Philanthropic organisation W)
Political support	Ability to ensure support	"but the notion of power relations becomes important here because of, if you look at the profile of people who are recruited as senior executives, yes, chief executives of the large organisations like STC, yeah. Who was the chief executive?Chief exec until recently. Well, it was the former prime minister of Denmark. OY, Prime Minister, which is a bit unusual role for prime minister to become a chief exec to begin with, but also chief executive for charity. You don't often hear Prime Minister's doing that. But she did. And, and part of the indication towards is because, well, a lot of the money that STC derives comes from government agencies. Yeah. And having somebody who has those political connections really helps. And so. So politics, and power and mighty kind of really get it really integral here" (Non- profit organisation V) "Where was I? Yes. So they, I mean, they exert a lot of power, through their funding of advocacy, and also through the world of the CO chairs and the best sort of privates. The kind of public, the government relations, I think they call it elements of their work. But

they,you know, they, in the end, governments will I mean, I wouldn't say that they necessarily changed DFID funding plans. They might have encouraged if it along that particular path. Yep. But DFID was pretty much a willing player." (UK Government Agency Z).

"So for example, in India, the media had a very strong voice against the Bill and Melinda Gates Foundation, created an environment or an ecosystem, it was difficult for the Gates Foundation to operate. And any Gates Foundation grantee found it very difficult to work with government partners, knowing that their funding came from a foundation." (UK Government Agency F)

" so the government, as we said, health systems, very poor, fragmented, low funding, know, human resources, brain, drain turnover, etc. And then, you know, then, this big, big foundations come with cash, people, you know, pre programmed approaches, and then for the government, it's great to me, okay, that's whatever you want, we don't mind like you putting another fridge in our, our help centre, as long as you put a generator, you know, if you should put a person a liaison officer in our, in our ministry of health," (Non-profit International Agency A)

Responding to local fluctuations	"So even just concentrating it like, within, so having, you know, whoever's coming externally coming and working hand to hand with the people from the ministry, and during, you know, trade learning by doing kind of things, you know, that say, if, if it's a course, on health economics, it will be like, you know, having high making decisions with the people at the city, you know, with for six months are not using that framework, to do their actual job to show, you know, to show how this can be used in terms of making decisions and how this could be used to get resources, get gain traction with the finance ministry, and things like that" (Non-profit PPP J) "These micro industries, I mean, you know, look at the Grameen Foundation, the microcredit stuff that they set up, you know, in Bangladesh, where they allow women to make buttons make soap, this money coming into their household has a direct effect on the clean water, they're going to drink on the on the, you know, so these things have to be linked, and they can't be linked to the spoken about. And people. That's why they have to widen the net in terms of speaking to definitely I think it's starting to happen, starting to happen." (Pharmaceutical company Q)

		"And ultimately, the issue number one issue that I see is that people who are suffering the most are never consulted, in terms of, you know, the people who think about the solutions, but like me know, and are not the people who are affected by the issues that we're trying to solve. And so ultimately, we're constantly devising solutions that are not fit for purpose, because the people are not have not been consulted, there should be the one implementing and not someone else from another country. And they should be the one monitoring it. And as soon as we don't respect this principle, which if we were to respect it would mean that we would be totally disinterested, and that we would have only solidarity and ethical values at our heart, which is different" (Philanthropic organisation W)
C5-Ability to create a participatory hub		
Combining technical aspects	Transmission of legitimised identity	But obviously was gradually because I was back then still studying or doing my medical degree and It started with doing a lot of national policy and sort of working with the Minister of Health and Education, Science and Technology and sort of evolved with global health interests. (Philanthropic organisation O)

	"I mean, the Gates Foundation in particular, I wouldn't say that other foundations have been particularly influential. But gates in particular has been very influential, particularly in terms of of setting up a lot of new organisations, and triggering the establishment of a hugely complex web of initiatives and some of the organisations, some of which are trying to do research and welcome global public goods, and others of which are trying to deliver deliver grants and money and programmatic activities." (UK Government Agency Z)
Creation of a hub for professionals	" We put a hackathon out about three years ago. Okay, for Dengue yeah. Our the rationale behind it was all these mad hackers and coders they are a resource, but they don't really know about this particular disease. Yeah. So we wanted to do, we wanted them to develop patient, long shooting location recording app, that doctors could use it field. There are seven strongest layers to the prizes that we will get now mobile came out military was actually and we were shocked at the amount of in how to put it submissions we had. Not just in dangly, we were swamped, we will have this swamped. Right across different diseases, are you people out there want to engage, you just don't know where they're made aware that they know you're driving in judgement and responsibility that

	this is our problem as well" (Non-profit organisation Q)
Use of models	"we invest based on WHO six building blocks of,sustainable systems for health. And there are six of us clear building blocks that they have, that they have outlined, that are critical to invest in, in order to build a health system. And with the Sustainable Development Goals, sort of, as the NDG are merged into this one SDG related to health, we're seeing a lot more of an emphasis on those those building blocks along the path to UHC." (Non-profit PPP R) " governance is one of them. financing is one of them, supply chains is one of them. There's there's actually an enormous body of literature on them. And who has an entire department, I believe, dedicated to it. And I'm not sure since Tetris has restructured and exactly where it sits within their current current management structure. But yeah, it's a huge and important piece of work that they do in that and our investments in in health systems are within that those building blocks" (Non-profit PPP R) "What was what was very interesting about this models was that it was needs driven, and it was product driven. So it was very concrete and the access condition, and it's just, it's

		something that we studied or so very much have been addressed. From the beginning, we've actually studied all the PPPs and all the models and how they made sure that there was acceptable access condition that could work also for the private sector. And we're trying to actually replicate that in public funding from governments and institutions and hasn't worked anywhere. It hasn't been done before" (Philanthropic organisation W)
Gaining trust and legitimacy	Reconfiguration of relations	"And I have to say that the majority of experiences that I had, as a worker here, welcome with Gates has been really good, really, really gets very constructive, very, you know, a lot of sharing of expertise, which is useful for everybody."(Philanthropic organisation O) "they really have to put their money where their mouth is essentially, you know, and they also have very clear ideas of what they want us to see. Yeah. So in that sense, I think, you know, they've managed if you look at their, the way they've hired to, they really hired at their senior positions they did they have hired people who were in the traditional industries, you know, they do have quite a bit of breath, a presentation from the World Bank, and, and, you know, USAID and things like that, that have, so this people with you who had deep connections to the field that went to Gates." (US Government Agency, J)

	"So the Gates Foundation was he started funding, you know, those organisations, then they started gaining legitimacy. You know, so it is really around funding. And in addition to that, also recruiting experts. Okay. Yeah. Yeah, yeah. Recruiting foundation. Yeah.credibility and knowledge to advance the work with the Gates Foundation" (Philanthropic organisation W). " So I think that's something good that I think we should not neglect. And then you know, because it's easy to say all that there, there's kind of like, strict in that way, in that way. But I think this is something that stems out of working with them, that's quite positive, because this really ensures that, you know, you can't, you can't do something something bad because the the regulations and the accountability mechanisms are very, very strict, which sometimes might, you know, make the, the, the NGOs or this this partnerships,quite angry, because they have to, you know, add another layer of layer of documentation. But still, I think it's good for both sides." (Non-profit Research Institution A)
Stimulating cooperation between practitioners	"I suppose probably depends on the cause. Right. Okay. So this alignment, for example, between Clinton Foundation's interests and Gates Foundation. So alignment, the lines in terms of trying to reduce child mortality, particularly through vaccination, they're both interested in pushing as much vaccination as

possible. Now, do they work hand in hand?I don't think so. At least not in the way they fund because because of these agencies also interested in in certain outcomes related to measure. So they both fund one agency working in the same place that kind of dilutes, whose mind is really making a difference. Okay, so it doesn't really work that way. Yeah. But they could be working together more on the political level, on the policy level, so you know, they could be for example, lobbying government departments within the US, UK or in the European Union, towards driving have more money. “(Historic Academic Institution V)

"instrumental in the setting up of GAVI of the Global Fund, those are the big ones, but also a whole slew of much smaller organisations, have done a lot of work in product development, a huge number there, a lot of which have initiated by Gates, or, you know, the idea comes and they seem to like this will public private partnership approach as a way of using their money to seed and attract public funding?" (UK Government Agency Z)

"And say, GAVI, GAVI is a big one, the Global Fund, and UNITAID and then WHO and different departments within it. Some we've had to engage with for a number of years, some just for short period, but obviously, there's multiple departments within

		WHO, and then partnership for maternal child health PMNCH be another one." (Independent Consulting Firm K)
	C6- Proliferation Impact	
		"So the vaccine itself wouldn't necessarily sell for shilling, you know, in India or in Europe, please, just because. So support from The Gates Foundation they work with vaccine manufacturers, reduce cost of vaccine manufacturing. So for example,malaria, TB, HIV, they are not necessarily disease for developed countries.They are disease for the poor and because the return on investment for these big pharmaceutical companies, you know, isnt high for them because it's not a disease you know, for the West, you know, research and development for those types of diseases who don't get funding from pharmaceutical companies.Because you know, it takes even for medicines it takes 15 to 20 years for this to be commercially available.So all the Gates Foundation, does it now start funding those, you know, initiatives that's wouldnt get traction from either pharmaceutical companies or university." (Philanthropic Organisation U)
Resource related power	Informal power contestation	"And still, they were sometimes,you know, staring the the whole institution to be able to

	respond to some funding requirements in terms of, you know, let's say if they, they, they ended up working on on a certain disease because there was some sort of negotiation being done between a big big foundation private foundation American Foundation, and say, Okay, we'll fund this disease for you. But in exchange, you will have to fund research for this as a condition because this is important for us even though it wasn't the kind of disease that the organisation would be looking at normally, because there is enough research and work being done." (Non-profit International Agency A)
Donor-related power	"And the same goes, you know, for example, one of the influences Gates has is on the World Health Organisation, yes. Again, this is one of the largest funder. So who, which means, you know, there is, if not explicit, was implicit influence on his agenda and actions. Yeah. Okay. And it can kind of, but what happened was, I think around 2011, there was there was a World Health Assembly, which happens every year around this time. Yeah. So actually, could have been a good opportunity for you, with your research to go to the World Health Assembly in Geneva, you probably don't even have to subscribe to you know, because you have to get a special permission to join. But you know, even if you just go to the place where the assembly takes place, you can talk to people outside of the Yeah, yeah. But attracts all kinds of people. Okay, so ministers, private foundations, and NGO's,

etc, etc. And, and what happened in 2011? Is Gates was invited to address because they have kind of every assembly, they have the keynote address. Yeah, I guess was my for the second time. And that made a lot of people uncomfortable" (Non- profit organisation V).

"But so are to be fair, so, you know, some of the big donors, so it's, I wouldn't say that they've been more influential and influential than, let's say, the UK Government. They're probably at par with each other but, but I think in general donors like, like, , UK, Sweden, Norway, don't tend to not give as many instructions or be too prescriptive, you know, you give them funding and you're kind of buying into the mission of the organisation and you sort of let the governance structures the board, etc, if they're on the board, but they kind of let let the organisation do its work and then report back on it. Whereas I think for the Gates Foundation at the beginning, they were very, they were much keener to be in. Yeah, involved in in sort of the details and had more kind of, you know, more active, almost not not implementation roles, but but you know, what I mean, there was sort of more directive."(Non-profit PPP, M)

	"the London School of Economics right now called LEAP. Professor Tim Allen, Georgina Pearson, is the person leading if they're actually using AI to remodel outcomes, and decision making when it comes to mass Drug Administration programmes. Yeah, what works, what doesn't work, then you got blockchain, watch out for blockchain." (Non-profit organisation Q)
	"And I think that in some ways, countries are leading the way ahead of donors. And they're actually requesting things like more integration and what works best for them, the primary health care level, etc. But in other ways, some of the push will come from donors, because to be some programmes, such as the HIV programmes in the past have benefited from more narrow siloed funding. So it might take a little time for them to, sort of give up control of as much of the budget so to speak, it's not nice to be shared across multiple diseases or, the budget goes towards houses and strengthening more broadly, etc." (Independent Consulting Firm K).
Increase in service quality	"I think, in a very positive way, that comes from, you know, working with this foundations is that a lot of times some of these organisations, I think they, some of them might have lacked in the past of some sort of, let's say, accountability, or, you know, complying with very strict rules and

	regulations in terms of, especially when you're thinking clinical trials and, and development of tools like diagnostics and drugs. And and if you work for such foundations, because they're so worried about their public image, they are very strict on that. And I think that's, I mean, that I will tell you that as something positive, that they're raising the bar in terms of the, you know, compliance of good practices, good clinical practices, and some things." (Non-profit Research Institution A)

Appendix E

A- IDEAL TYPES OF PROFESSIONAL LOGIC AND MODES OF LOGIC EVOLUTION		
First order categories	**Second order categories**	**Theoretical categories**
Centralisation	Control mechanism	Professional logic of assistance
Hierarchy and direct control		Professional logic of assistance
Formal line of guidance		Professional logic of assistance
Centrality of relationship	Cooperation in Network	Professional logic of assistance
Fragmentation	Cooperation in Network	Professional logic of integration
Blurred lines of control	Cooperation in Network	Professional logic of integration
Integration	Core idea	Professional logic of integration
Preventive and adivsory function	Identity and legitimacy	Professional logic of integration
Expanded relations and increased attractiveness of M.H.P	Identity and legitimacy	Professional logic of integration
Decentralisation	Cooperation in Network	Professional logic of integration
Accountability	Control mechanism	Professional logic of integration
Managerial responsibilities	Control mechanism	Professional logic of integration

Individual responsibility	Control mechanism	Professional logic of integration
Rise in contract based independent organisation	Network	Professional logic of integration
Separation of research and development	Identity and legitimacy	Professional logic of integration
Focus on R&D	Identity and legitimacy	Professional logic of integration
Lack of coordination	Network	Professional logic of integration
Enrichment	Integrating (blending)	Logic evolution
Conjunction	Attaching (annexing)	
Changing relationships with network actors	Relationship modification	Field re-structuring
Rethinking global health	Field obective modification	

Appendix F

B- PHASES OF THE PROCESS OF LOGIC EVOLUTION		
First order categories	**Second order categories**	**Theoretical categories**
New practices Lack of resources Institutional void Interacting on the global level	Provision failure Incentive to invest Acquiring legitimacy on the international level	Stimulating change
Use of data and knowledge to theorise Communicating new practices to the field Legitimising the new functions	Constructing identity -legitimacy Restructuring identity-legitimacy within the field	Reconstruction of identity-legitimacy
Gap between old and new models Enabling visible changes through new models Endorsing new roles through the models Legitimation of new roles Trust on the new relational networks	Tangible differentiation of the emerging and existing models Strengthening identity-legitimacy in network	Creation of innovative relational networks

Decentralisation of responsibilities Promoting independent decision making Creating incentives for increased responsiblities	Reconfiguration of responsibilities	Restructuring control mechanism
Connection between decision making models and new network Strengthening identity through control mechanisms	Supporting identities legitimacy and network through control mechanisms	
New roles through new practices Promulgating experts identity Peer legitimation Practice differentiation Reflection of new approach in practices	Transmission of practices Redefining the limits of professions Link of new practices to new network	Evidence of new practices
Resource-related power Donor-related power	Informal power contestation	Proliferation
Increase in quality	Amelioration of professional standards	
Enrichment Conjunction Changing relationships with network actors	Integrating/attaching Relationship modifications	Evolution of updated logic Field re-structuring

Rethinking global health	Field objective modifications	

Appendix G

C- CONTEXTUAL FACTORS AFFECTING LOGIC EVOLUTION		
First order categories	**Second order categories**	**Theoretical categories**
Cooperation and coordination	Efficiency of decision-making model	Ability to crystallise change
Dynamic approach		
Ideological drivers		
Entrepreneurial attitude		
Conservative attitude		
Monitoring		
Dynamic change	Rate of change	
Slow change		
Rapid implementation		
Slow implementation		
Creation of monitoring guidelines	Ability to accept different viewpoints	Trustability in accepting pluralistic perspectives
Alternate perspectives		
Convergence to a different model		
Ability to link theorisation to new practices	Alignment between discourse and practices	
Facilitation in engaging into new roles		
History of institutions	Societal status	Legitimacy of theorisers
Socialisation platform	Recognition and prominence	

Personalities Leadership Legitimation link to academia		
Mission synchronicity Participation of practitioners Political support Responding to local fluctuations	Density of like-minded ideologues Ability to ensure support	Saturation of ideologues in the field
Combining technical aspects Creation of a hub for professionals Use of models Gaining trust and legitimacy Stimulating cooperation between practitioners	Transmission of identity-legitimacy Reconfiguration of relations	Socialisation process
Resource related power Donor-related power Increase in service quality	Informal power contestation	Counter-theorisation

Appendix H

List of Stakeholders	Job title of Interviewee	Location
Historic academic Research institution F	Technical Advisor	UK/India
Public Global Health Agency R	Acting Director	UK/Africa
Non-profit organisation Q	Co-Founder	UK
Philanthropic organisation O	Consultant and Advocacy Lead	UK
Non- profit Global Health Organisation U	Consultant and Special Envoy	Switzerland
Non-profit PPP R	Fund Manager	Switzerland
Non-profit Research Institution A	Head of Medical Affairs	South America

Philanthropic organisation W	Head of Regional Office	Belgium
Historic Academic Institution V	Health Economics Researcher	UK
US Government Agency J	Health Economist and Analyst	U.S. A
Philanthropic Organisation U	Health Programme Officer	U.S. A
Non-profit Organisation U	Health Researcher	U.S. A
Independent Consulting Firm K	Managing Consultant	UK
Pharmaceutical company Q	Markets Director	UK
Non-profit International Agency A	Medical Coordinator	U.S.A
Non- profit organisation V	Policy Analyst	UK
Non-profit Agency R	Program Officer	Nigeria
Academic Research Institution, B	Research Associate (Health Economics)	UK

Uk Government Agency Z	Senior Health Adviser	UK
Historic Academic Institution Z	Senior Health Researcher	UK
Non-profit PPP, M	Senior Policy Officer	Switzerland/Uganda
Non-profit PPP J	Senior Program Officer	Switzerland
UK Government Agency F	Technical Analyst	UK

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